


IMPERIA MORAZZINI
1/16/1922

PRINT
LEGIBLY OR
TYPE WITH
PERMANENT
BLACK INK.
THIS IS A
PERMANENT
RECORD.

C H I L D M O T H E R F A T H E R C E R T I F I E R R E C O R D E R		1A. COUNTY Worcester		 The Commonwealth of Massachusetts DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		2A. RETURN MADE BY: Southborough	
		1B. CITY/TOWN Cordaville				2B. REGISTERED NUMBER 121	
PLACE OF BIRTH		1C. FACILITY NAME - IF NOT IN FACILITY, NUMBER AND STREET Cordaville Street				2C. DEPOSITION NUMBER A17-1	
NAME:		3A. FIRST Imperia		3B. MIDDLE Morazzini		3C. LAST	
4A. SEX Female		5A. PLURALITY (Specify Single, Twin, etc.) ---		5B. BIRTH ORDER (If not single, (Specify Order, First, Second, etc.) ---		6A. TIME ---	
4B. RACE ---		7A. FIRST Bertha		7B. MIDDLE ---		7C. LAST Morazzini	
6B. DATE OF BIRTH (Month, Day, Year) January 16, 1922		7D. MAIDEN/BIRTH SURNAME Giombetti		10. AGE/DATE OF BIRTH 23 Years		12. COLOR/RACE ---	
BIRTHPLACE: ---		8A. CITY/TOWN Italy		8B. STATE/COUNTRY Italy		9. OCCUPATION Housewife	
RESIDENCE: 11A. NUMBER AND STREET (Do not use mailing address) Cordaville Street		11B. CITY/TOWN Southborough		11C. COUNTY Worcester		11D. STATE MA	
11E. ZIP CODE 01772		13A. FIRST Antonio		13B. MIDDLE ---		13C. LAST Morazzini	
BIRTHPLACE: ---		15A. CITY/TOWN Italy		15B. STATE/COUNTRY Italy		16. OCCUPATION Weaver	
18A. TYPE <input checked="" type="checkbox"/> AT-BIRTH <input type="checkbox"/> POST-NATAL <input type="checkbox"/> CERTIFIER ONLY		18B. TITLE <input checked="" type="checkbox"/> MD/DO <input type="checkbox"/> CNM <input type="checkbox"/> OTH RN <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER		17. AGE/DATE OF BIRTH 25 Years		19A. LICENSE NUMBER ---	
19. NAME: ---		20A. NO. & STREET ---		20B. CITY/TOWN ---		20C. STATE ---	
20D. ZIP CODE ---		21. DATE OF ORIGINAL RECORDING: January 20, 1922		22. ORIGINAL RECORD: Vol. --- Page --- No. ---		23. DPH USE ONLY	
24.		25.		26.		27.	

James F. Hyatt

(CLERK OR REGISTRAR)

June 29, 2017

(DATE OF AMENDMENT)

AFFIDAVIT
ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (M.G.L. c.46)

PRINT LEGIBLY
OR TYPE WITH
PERMANENT
BLACK INK.
THIS IS A
PERMANENT
RECORD.

THE UNDERSIGNED, being duly sworn, depose and say under penalties of perjury that the record relating to the birth of Imperia Morrissini born in the city or town of _____
(Give name of child exactly as recorded on the original record.)

Cordaville, MA does not fully and/or correctly state data regarding the
Last Name of ☒ Child, ☒ Mother, ☒ Father,
(i.e. name, age, race, etc.)

☐ Certifier, ☐ Other (specify:) _____

DEPONENT NAME	RESIDENCE	RELATION TO CHILD/TITLE
<u>M. Suffio</u>	<u>65 Pearl St. #1 Holyoke, MA 01040</u>	<u>granddaughter</u>

FURTHER, the written evidence made at or near the time of the birth submitted to substantiate the affidavit was:

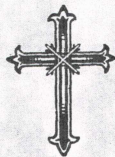
Certified copy of Baptismal Certificate on file.

THEN, personally appeared before me the person(s) whose signature(s) appear(s) above and made oath that the statements subscribed are true.

Date: June 29, 2017 Name: Michelle Jenkins
(Month, Day, Year)

Official Designation: Assistant Town Clerk
(city/town clerk/assistant clerk; state/city registrar; or notary)

Certificate of Baptism



St. Anne Church

20 BOSTON ROAD
SOUTHBOROUGH, MA 01772

» This is to Certify «

That Imperia Morazzini

Child of Antonio Morazzini

and Bertha Giombetti

born in Cordaville, MA

on the 16th day of January, 1922

was Baptized

on the 14th day of June, 1925

According to the Rite of the Roman Catholic Church

by the Rev. Francis Maxwell

the Sponsors being Nicholas Bardinelli

Laura Giombetti

as appears from the Baptismal Register of this Church.

Dated June 28, 2017

Ron Paul Hunt

Pastor

Notations

FIRST COMMUNION

{ Date _____
Church _____
Place _____

CONFIRMATION

{ Date _____
Church _____
Place _____

MARRIAGE(S)

{ To George Pacific
Date February 7, 1940
Church St. Anne Church
Place Southborough, MA

DIACONATE

{ Date _____
Church _____
Place _____

RELIGIOUS
PROFESSION

{ Date _____
Church _____
Place _____

Commonwealth of Massachusetts.

City or Town, Cordaville, Mass.
Date of Birth, January 16, 1922
Sex, Female Born Alive, Yes
Color (if other than white), _____
Name (if named), Imperia Morrissini
Place of Birth, No. Cordaville Street
Name of Father, Antonio Morrissini
Name of Mother, ~~Bertha~~ Bertha Morrissini
Maiden Name of Mother, Bertha Giombetti
Age of Father, 25 Mother, 23
Residence of Parents, No. Cordaville Street
Ward Southboro
Occupation of Father, Weaver
Occupation of Mother (if any), Housewife
Birthplace of Father, Italy
Birthplace of Mother, Italy

I did _____ personally attend the birth.

(Signature),

W. H. Gave
Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK

HOLD TO LIGHT TO VIEW

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

R441258

1	PLACE OF BIRTH Middlesex (County) Marlborough (City or Town)		The Commonwealth of Massachusetts JOSEPH D. WARD SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH	Marlborough 135 (City or Town making this return)	Registered No. 134
No. Marlborough Hospital STREET 6			WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2 FULL NAME OF CHILD Theresa Maria Pacific			If child is not yet named, make supplemental report, as directed.		
3 Sex f 3a Color W		4 If plural Births { Twin or Triplet? NO If so, born 1st, 2nd or 3rd?		5 Born ALIVE or STILLBORN alive	
				6 Date March 9, 1960 of Birth (Month) (Day) (Year)	
7 FATHER FULL NAME George R. Pacific RESIDENCE, NO. Clover Hill Road, STREET CITY OR TOWN Marlborough STATE Mass.			13 MOTHER MAIDEN NAME Imperia M. Morazzini PRESENT NAME Imperia M. Pacific RESIDENCE, NO. Clover Hill Road, STREET CITY OR TOWN Marlborough STATE Mass.		
9 COLOR OR RACE white			10 AGE AT TIME OF THIS BIRTH 44 (Years)		
11 PLACE OF BIRTH Marlborough, Mass. (City or Town) (State or country)			16 AGE AT TIME OF THIS BIRTH 38 (Years)		
12 OCCUPATION Plumbing & Heating			17 PLACE OF BIRTH Southboro, Mass. (City or Town) (State or country)		
18 OCCUPATION Housewife					
19 I hereby certify that I attended the birth of this child who was born at the hour of 9:09 P.M. date above stated. The information given was furnished by Mrs. Imperia M. Pacific related to this child as mother . SIGNATURE OF ATTENDANT AT BIRTH Arthur G. Simoneau, M.D. Physician (Name) (Physician, parent or other, etc.) Arthur G. Simoneau, M.D. (PRINT OR TYPE SIGNATURE — CHAPTER 46A, ACTS OF 1959.) ADDRESS NO. 223 Pleasant St., Marlboro DATE March 9, 1960					
20 RECORD VERIFIED (Chap. 46, Sec. 4A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21 Eyes treated (Chap. 111, Sec. 109A) silver nitrate					
22 Birth weight 9 Lb. 1 1/2 Oz.					
23 RECEIVED AT OFFICE OF CITY OR TOWN CLERK March 11, 1960 (Month) (Day) (Year)					
24 A TRUE COPY ATTEST: Emmal D. Dunn (Registrar)					

JUNE 9, 2017

Dean DiMartino

Dean DiMartino
Acting Registrar of Vital Records and Statistics

I, the above signed, hereby certify that I am the Registrar of Vital Records and Statistics; that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records.

IT IS ILLEGAL TO ALTER OR REPRODUCE THIS DOCUMENT IN ANY MANNER

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

ILLEGAL TO ALTER OR REPRODUCE

CERTIFICATE OF VITAL RECORD

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The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

R441259

C H I L D	a	Middlesex <small>(County)</small>		 The Commonwealth of Massachusetts DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS STANDARD CERTIFICATE OF LIVE BIRTH		b	Framingham <small>(City or Town)</small>		c	Framingham Union Hospital <small>NAME OF HOSPITAL — IF NOT IN HOSPITAL, NUMBER & STREET</small>		495	FRAMINGHAM, MASS. <small>(City or Town making this return)</small>		1/32	REGISTERED NUMBER		
	2 NAME		Mary			Beth		Griffis										
D	3 SEX		Female		4 THIS BIRTH SINGLE, TWIN ETC. SPECIFY		Single		4a IF NOT SINGLE, BORN FIRST, SECOND, ETC. SPECIFY ORDER OF BIRTH		5 DATE OF BIRTH		July 25, 1984		5a HOUR		2:18A M.	
F A T H E R	6 FULL NAME		Gregory		James		Griffis											
M O T H E R	7 BIRTHPLACE		Malden, Ma.										8 AGE AT TIME OF THIS BIRTH		28			
M O T H E R	9a FATHER'S OCCUPATION		Maintenance Technician		9b MOTHER'S OCCUPATION		Homemaker											
M O T H E R	10 FULL NAME		Theresa		Maria		Pacific		Griffis									
M O T H E R	11 BIRTHPLACE		Marlboro, Ma.										12 AGE AT TIME OF THIS BIRTH		24			
M O T H E R	13 RESIDENCE		113 West Main Street		Marlboro, Middlesex, Ma.		01752											
CERTIFICATIONS																		
14	CERTIFIER <input checked="" type="checkbox"/> M.D./D.O. - ATTENDANT AT BIRTH <input type="checkbox"/> POST NATAL ONLY <input type="checkbox"/> ATTENDANT - IF OTHER THAN M.D./D.O. <input type="checkbox"/> ATTENDANT - C.N.M. (Signature, Physician or other attendant) Il Kim, M. D. (Print or type name. CH 46 SEC. 3 & 9) Framingham (Address)																	
	15 INFORMANT I certify that the information appearing above is true and correct Theresa M. Griffis (Signature) mother (Relationship) 7-27-84 (Date) (Present mailing address if different from Item # 13)																	
	16 REC'D IN CLERK'S OFFICE JUL 30 1984 17 SUPPLEMENT FILED 18 Michael J. Ward CLERK OR REGISTRAR																	

JUNE 9, 2017

Dean DiMartino

Acting Registrar of Vital Records and Statistics

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ILLEGAL TO ALTER OR REPRODUCE

175M FORM R-3 11-83 176233

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK

HOLD TO LIGHT TO VIEW

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

R441127

M R-101

Office of the
SECRETARY
Division of
VITAL STATISTICS



The Commonwealth of Massachusetts

449

CERTIFICATE OF MARRIAGE

This certificate must be delivered to the person before whom the marriage is to be contracted before he proceeds to solemnize the same.

1 PLACE OF MARRIAGE

City or Town Southborough
(Do not enter name of village or section of city or town)

Date of Marriage February 7, 1940
(Month) (Day) (Year)

Registered No. 4

Intention No. _____

3 FULL NAME GROOM
George Rosario Pacific

4 AGE AT LAST BIRTHDAY 24
(Years)

5 COLOR White

6 RESIDENCE Woodland Rd. Southborough

7 NUMBER OF MARRIAGE 1st
(1st, 2d, 3d, etc.)

8 WIDOWED OR DIVORCED Single

9 OCCUPATION Farmer

10 BIRTHPLACE Southborough, Mass.
(City or town) (State or country)

11 NAME OF FATHER Joseph Pacific

12 MAIDEN NAME OF MOTHER Hermine Benoit

23 THE INTENTION OF MARRIAGE by the above-named persons was duly entered by me in the records of the Town
(City or Town)
of Southborough according to law, this 21st day of January 1940
(Name of city or town)

Certificate issued February 1, 1940 by C. L. Fairbanks
(Month) (Day) (Year) (City or Town Clerk or Registrar)

13 FULL NAME BRIDE
Imperia Morazzini
(Also maiden name, if widowed or divorced)

14 AGE AT LAST BIRTHDAY 15
(Years)

15 COLOR White

16 RESIDENCE Woodland Rd. Southborough

17 NUMBER OF MARRIAGE 1st
(1st, 2d, 3d, etc.)

18 WIDOWED OR DIVORCED Single

19 OCCUPATION Stitcher

20 BIRTHPLACE Southborough, Mass.
(City or town) (State or country)

21 NAME OF FATHER Antonio Morazzini

22 MAIDEN NAME OF MOTHER Betha Guinetti

24 I HEREBY CERTIFY that I joined the above-named persons in marriage at No. St. Anne's Church St.
(If marriage was solemnized in a church, give its NAME instead of street and number)
Southborough, Mass. on February 7, 1940
(Name of city or town) (Month) (Day) (Year)

Name Thomas J. Price Official station Priest
(Minister of the Gospel, Clergyman, Priest, Rabbi, or Justice of the Peace)

Residence No. Boston Road St., City or Town of Southborough

25 Certificate received by city or town clerk Feb. 9, 1940 C. L. Fairbanks
(Month) (Day) (Year) CITY OR TOWN CLERK OR REGISTRAR

100m-10-38 No. 5193-g

JUN - 9 2017

Dean DiMartino
Acting Registrar of Vital Records and Statistics

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ILLEGAL TO ALTER OR REPRODUCE

WITH UNPAID BACKING, THIS CERTIFICATE IS NOT VALID. ANY ALTERATIONS AND ERASURES ARE FORBIDDEN, PENALTY FOR VIOLATION, ONE HUNDRED DOLLARS. See reverse side for extracts from the laws relating to the RETURN OF MARRIAGES.

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK

HOLD TO LIGHT TO VIEW

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

R441258

PLACE OF BIRTH 1 Middlesex (County) Marlborough (City or Town) No. Marlborough Hospital STREET 6		The Commonwealth of Massachusetts JOSEPH D. WARD SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH		Marlborough 135 (City or Town making this return) Registered No. 134	
2 FULL NAME OF CHILD		Theresa Maria Pacific			
3 Sex <input checked="" type="checkbox"/> f	4 If plural Births	5 Born ALIVE or STILLBORN	6 Date of Birth		
3a Color W	{ Twin or Triplet? NO If so, born 1st, 2nd or 3rd?	alive	March 9, 1960 (Month) (Day) (Year)		
7 FATHER FULL NAME		13 MOTHER MAIDEN NAME			
George R. Pacific		Imperia M. Morazzini			
8 RESIDENCE, NO. Clover Hill Road, STREET		14 RESIDENCE, NO. Clover Hill Road, STREET			
CITY OR TOWN Marlborough STATE Mass.		CITY OR TOWN Marlborough STATE Mass.			
9 COLOR OR RACE white	10 AGE AT TIME OF THIS BIRTH 44 (Years)	15 COLOR OR RACE white	16 AGE AT TIME OF THIS BIRTH 38 (Years)		
11 PLACE OF BIRTH Marlborough, Mass. (City or Town) (State or country)		17 PLACE OF BIRTH Southboro, Mass. (City or Town) (State or country)			
12 OCCUPATION Plumbing & Heating		18 OCCUPATION Housewife			
19 I hereby certify that I attended the birth of this child who was born at the hour 9:09 P.M. on the date above stated. The information given was furnished by Mrs. Imperia M. Pacific related to this child as mother SIGNATURE OF ATTENDANT AT BIRTH Arthur G. Simoneau, M.D. Physician (Name) (Physician, parent or other, etc.) Arthur G. Simoneau, M.D. (PRINT OR TYPE SIGNATURE — CHAPTER 48 ACTS OF 1959.) ADDRESS NO. 223 Pleasant St., Marlborough, Mass. DATE March 9, 1960					
20 RECORD VERIFIED (Chap. 46, Sec. 4A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21 Eyes treated (Chap. 111, Sec. 109A) silver nitrate		22 Birth weight 9 Lb. 1 1/2 Oz.			
23 RECEIVED AT OFFICE OF CITY OR TOWN CLERK		March 11, 1960 (Month) (Day) (Year)			
24 A TRUE COPY ATTEST: <i>Emma L. Dunn</i> (Registrar)					

JUNE 9, 2017

Dean DiMartino

Dean DiMartino
Acting Registrar of Vital Records and Statistics

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The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

R441259

C H I L D	a	Middlesex <small>(County)</small>	 The Commonwealth of Massachusetts DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS STANDARD CERTIFICATE OF LIVE BIRTH		495
	b	Framingham <small>(City or Town)</small>			FRAMINGHAM, MASS. <small>(City or Town making this return)</small>
	c	Framingham Union Hospital <small>NAME OF HOSPITAL — IF NOT IN HOSPITAL, NUMBER & STREET</small>			1132 <small>REGISTERED NUMBER</small>
2 NAME		Mary	Beth	Griffis	
		<small>FIRST</small>	<small>MIDDLE</small>	<small>LAST</small>	
D	3 SEX	Female	4a	IF NOT SINGLE, BORN FIRST, SECOND, ETC. SPECIFY ORDER OF BIRTH	5
	4	SINGLE, TWIN ETC. SPECIFY	Single	5	DATE OF BIRTH
					July 25, 1984 <small>MONTH DAY YEAR</small>
					2:18A AM. <small>HOUR</small>
F A T H E R	6 FULL NAME		Gregory	James	Griffis
			<small>FIRST</small>	<small>MIDDLE</small>	<small>LAST</small>
	7 BIRTHPLACE	Malden, Ma. <small>CITY OR TOWN</small>		8 AGE AT TIME OF THIS BIRTH 28 <small>STATE OR COUNTRY</small>	
M O T H E R	9a FATHER'S OCCUPATION		Maintenance Technician	9b MOTHER'S OCCUPATION Homemaker	
	10 FULL NAME		Theresa	Maria	Pacific
			<small>FIRST</small>	<small>MIDDLE</small>	<small>MAIDEN</small>
		11 BIRTHPLACE	Marlboro, Ma. <small>CITY OR TOWN</small>		12 AGE AT TIME OF THIS BIRTH 24 <small>STATE OR COUNTRY</small>
		13 RESIDENCE		113 West Main Street <small>NO. STREET CITY OR TOWN</small>	
				Marlboro, Middlesex, Ma. 01752 <small>COUNTY STATE ZIP CODE</small>	
(DO NOT USE MAILING ADDRESS)					
CERTIFICATIONS					
14		CERTIFIER		15	
		<input checked="" type="checkbox"/> M.D./D.O. - ATTENDANT AT BIRTH <input type="checkbox"/> ATTENDANT - IF OTHER THAN M.D./D.O. <input type="checkbox"/> POST NATAL ONLY <input type="checkbox"/> ATTENDANT - C.N.M. (Signature, Physician or other attendant) Il Kim, M. D. (Print or type name. CH 46 SEC. 3 & 9) Framingham (Address)		I certify that the information appearing above is true and correct Theresa M. Griffis mother 7-27-84 (Signature) (Relationship) (Date) Present mailing address if different from Item # 13	
16		REC'D IN CLERK'S OFFICE		17	
		JUL 30 1984		18	
				Richard J. Wood CLERK OR REGISTRAR	

JUNE 9, 2017

Dean DiMartino
Acting Registrar of Vital Records and Statistics

I, the above signed, hereby certify that I am the Registrar of Vital Records and Statistics; that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records.
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VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

ILLEGAL TO ALTER OR REPRODUCE

175M FORM R-3 11-83 176233

RETURN THIS FORM TO:

~~MARY RISSE~~
DIRECTOR OF REGISTRATION
REGISTRY OF VITAL RECORDS AND STATISTICS
470 ATLANTIC AVENUE
2ND FLOOR
BOSTON MASSACHUSETTS 02210-2224

DATE: June 29, 2017 COMMUNITY OF: Leithborough

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH:

REGISTERED NUMBER	APPROVED	REJECTED	REASON FOR REJECTION
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Any questions regarding these records should be directed to individual completing this form at 617/727-0036.

REGISTRY PERSONNEL COMPLETING THIS FORM:

RETURN THIS FORM TO:

DIRECTOR OF REGISTRATION
REGISTRY OF VITAL RECORDS AND STATISTICS
470 ATLANTIC AVENUE
2ND FLOOR
BOSTON MASSACHUSETTS 02210-2224

DATE: June 29, 2017 COMMUNITY OF: Leithborough

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH:

REGISTERED NUMBER	APPROVED	REJECTED	REASON FOR REJECTION
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Any questions regarding these records should be directed to individual completing this form at 617/727-0036.

REGISTRY PERSONNEL COMPLETING THIS FORM: _____

10/31/17 - Approved by Jerry Plante @ Vitals

RUTH WILES

5/3/1922

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

20m-10-38. No. 5193-d

1 PLACE OF BIRTH **Middlesex** (COUNTY)
Framingham (CITY OR TOWN)
 NO. **Framingham Union Hospital** STREET _____ WARD _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 AFFIDAVIT AND CORRECTION
 OF A RECORD OF BIRTH

Registered No. _____
 Deposition No. **#1**

2 FULL NAME OF CHILD **RUTH MAY WILES**

3 Sex **f.** 4 **W** (a) Twin, triplet or other _____ (b) Number, in order of birth _____
 5 Born ALIVE or STILLBORN **alive** 6 Date **May 3, 1922**
 3a Color _____ of Birth (MONTH) (DAY) (YEAR)

7 FATHER FULL NAME **Charles G. Wiles**
 8 RESIDENCE, NO. **Larned** STREET _____
 (AT TIME OF BIRTH OR ADOPTION)
 CITY OR TOWN **Fayville** STATE **Mass.**

9 COLOR **white** 10 AGE AT TIME OF BIRTH OR ADOPTION **39** (YEARS)
 11 PLACE OF BIRTH **Hans County, Nova Scotia**
 (CITY OR TOWN) (STATE OR COUNTRY)

12 OCCUPATION **Farmer**
 (AT TIME OF BIRTH OR ADOPTION)

13 MOTHER MAIDEN NAME **Lillian Johnson**
 PRESENT NAME **Lillian M. Wiles**
 14 RESIDENCE, NO. _____ STREET _____
 (AT TIME OF BIRTH OR ADOPTION)
 CITY OR TOWN **Fayville** STATE **Mass.**

15 COLOR **white** 16 AGE AT TIME OF BIRTH OR ADOPTION **26** (YEARS)
 17 PLACE OF BIRTH **Pueblo, Colorado**
 (CITY OR TOWN) (STATE OR COUNTRY)

18 OCCUPATION **at home**
 (AT TIME OF BIRTH OR ADOPTION)

19 Attendant at birth or informant **Dr. Morse** (NAME)
 (PHYSICIAN, PARENT OR OTHER, ETC.)
 Address No. _____ St. _____
 (CITY OR TOWN)

20 Original return received _____ (MONTH) (DAY) (YEAR)
 21 Original Record: Vol. _____ Page _____ No. _____

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the **Town of Southborough** (CITY OR TOWN) (NAME OF CITY OR TOWN), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this **20th** day of **January** 19 **44** and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.
Charles Fairbanks (REGISTRAR)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Geraldine Revena Wiles in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts
omitted or incorrectly stated in said record has been supplied by her parents on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

Gillian M. Wiles
Charles S. Wiles

RESIDENCE

(City or town, street and number, if any)

Larned Street, Fayville

Larned Street, Fayville

Relation to child, if any

mother

father

FURTHER, The evidence in writing made near the time of birth submitted to substantiate the affidavit was: Copy of Baptismal record

Date, January 19, 1944

Then personally appeared before me the personS whose signature appear above and made oath that the statements subscribed to by them are true.

Name

Official designation

Notary Public

(City or town clerk, assistant clerk, or registrar)
My commission expires June 23, 1950

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

In the Name of the Father and of
the Son and of the Holy Ghost Amen

This certifies that

RUTH MAY WILES
received the Sacrament
of
Holy Baptism

in ST. MARK'S CH. SOUTHBOROUGH
in the Diocese of MASSACHUSETTS
on JUNE 3RD A.D. 1922

CHARLES GIBSON WILES

LILLIAN MARIE WILES

} Parents

OTIS WILES

CHAS. GIBSON WILES

BLANCHE WILES

} Sponsors

Born FRAMINGHAM, MASS., MAY 3, 1922

Robert F. Cheney

Rector of St. Mark's Church



ANN HAYWARD
5/15/1922

No.

35 #2

Commonwealth of Massachusetts.

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Ann Haywood in the Town of Southborough, does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record:—

Date of birth, May 15-1922Name of father, Donald HaywardName of child, Ann HaywardMaiden name of mother, Mildred FullerSex, FemaleResidence of parents, Westborough
(at time the birth occurred.)Color, WhiteOccupation of father, Farmer
(at time the birth occurred.)

Condition (twin, &c.),

Birthplace of father, Boston MassPlace of birth, Framingham MassBirthplace of mother, Ellenville N.Y.

SIGNATURE.

Mildred Hayward

RESIDENCE.

(City or town, street and number, if any.)

Westboro Mass

Relation to child, if any.

Mother

Date,

Sept 4-1928

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Ans. L. Fairbanks.

(City or town.)

Clerk.

Recorded

Sept 5-1928

Of

Southborough

Mass.

JOHN MAHONEY

8/10/1922

Commonwealth of Massachusetts.

No. 34 # 3

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Robert George Mahoney in the town of Southborough, does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, <u>August 10-1927</u>	Name of father, <u>Robert D Mahoney</u>
Name of child, <u>John Joseph Mahoney</u>	Maiden name of mother, _____
Sex, _____	Residence of parents, _____ (at time the birth occurred.)
Color, _____	Occupation of father, _____ (at time the birth occurred.)
Condition (twin, &c.), _____	Birthplace of father, _____
Place of birth, _____	Birthplace of mother, _____

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
<u>Robert D Mahoney</u>	<u>58 Cedar St Framingham</u>	<u>Father</u>
_____	_____	_____
_____	_____	_____

Date, August 28-28
Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Recorded Aug 28-28
Of Southborough Mass.
Clerk. C. L. Fairbanks
(City or town.)

EVELYN JOHNSON

12/27/1922

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

25m-9-37. No. 1859-d.

1 PLACE OF BIRTH
 COUNTY Worcester
 CITY OR TOWN Southboro

NO. Northboro Rd

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
**AFFIDAVIT AND CORRECTION
 OF A RECORD OF BIRTH**

(CITY OR TOWN MAKING THIS RETURN)

Registered No.

Deposition No. # 4

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Evelyn Barbara Johnson3 Sex F

4

If plural
Births

(a) Twin, triplet or other

5 Born ALIVE or STILLBORN

6 Date

of Birth Dec 27 1922
(MONTH) (DAY) (YEAR)3a Color W

(b) Number, in order of birth

7

FULL
NAME

FATHER

James Brigham Johnson

8

RESIDENCE, No.

Northboro Rd STREET

CITY OR TOWN

Southboro STATE Mass.

9

COLOR
OR RACEwhite

10

AGE AT LAST
BIRTHDAY67 (YEARS)

11

PLACE
OF BIRTHSouthboro Mass
(CITY OR TOWN) (STATE OR COUNTRY)

12

OCCUPATION

Farmer

13

MAIDEN
NAME

MOTHER

PRESENT
NAMELexie Campbell
Lexie C. Johnson

14

RESIDENCE, No.

Northboro Rd STREET

CITY OR TOWN

Southboro STATE Mass.

15

COLOR
OR RACEwhite

16

AGE AT LAST
BIRTHDAY65 (YEARS)

17

PLACE
OF BIRTHMiddle River Maine
(CITY OR TOWN) (STATE OR COUNTRY)

18

OCCUPATION

housewife

19

ATTENDANT AT BIRTH OR INFORMANT

Dr. C. W. Smith

(NAME)

(PHYSICIAN, PARENT OR OTHER, ETC.)

ADDRESS No.

West Main Street

STREET

Mallow, Mass.

(CITY OR TOWN)

20 Original return received

(Month)

(Day)

(Year)

21 Original Record: Vol.

Page

No.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
 of _____, in accordance with the provisions of Gen. Laws,
 (City or town) (Name of city or town)

Chapter 46, Section 13, this _____ day of _____, 19____, and a copy of these corrections and affidavit
 has been transmitted to the Secretary of the Commonwealth.

(Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Middlesex } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Evelyn Barbara Johnson the town of Southborough,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

Chiron W. Smith
James B. Johnson
Leila C. Johnson

RESIDENCE (City or town, street and number, if any)

Marlborough
Southboro
Southboro

Relation to child, if any

no
Father
mother

FURTHER, The written evidence submitted to substantiate the affidavit was:

First school record -

Date, January 3, 1944

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name, Margaret T. McDonald

Official designation, Natany Public

(City or town clerk, assistant clerk or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

Peters High School
PRINCIPAL'S OFFICE
Southborough, Massachusetts

January 3, 1944

To whom it may concern:

This is to certify that according
to School Register of September 3, 1927,
Evelyn Johnson was a pupil in the second
grade.

Albert D. Woodward

Principal



AUDREY MORSE

2/17/1922

PLACE OF BIRTH

WORCESTER

(County)

SOUTHBOROUGH

(City or Town)



DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION
OF A RECORD OF BIRTH

Registered No.

Deposition No. #5

No. Fay Court

STREET { (If birth occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME OF CHILD Audrey Campbell Morse

3 Sex F

4

(a) Twin, triplet or other.....

5 Total number of children born

6 Date

3a Color W

If plural
Births

(b) Number, in order of birth.....2

alive previous to this birth.....

of Birth February 17, 1922
(Month) (Day) (Year)

7

FATHER

FULL
NAME

Ernest C. Morse

13

MOTHER

MAIDEN
NAME

Mary Beatrice Campbell

PRESENT
NAME

Mary Beatrice Morse

8

RESIDENCE, NO.

Fay Court

STREET

CITY OR TOWN

Southborough STATE Mass.

14

RESIDENCE, NO.

Fay Court

STREET

CITY OR TOWN

Southborough STATE Mass.

9

COLOR
OR RACE

White

10

31

AGE(YEARS)

15

COLOR
OR RACE

White

16

23

AGE(YEARS)

11

PLACE
OF BIRTH

Boston

Mass.

(City or Town)

(State or Country)

17

PLACE
OF BIRTH

Eastport

Maine

(City or Town)

(State or Country)

12

OCCUPATION

Laborer

18

OCCUPATION

Housewife

19 ATTENDANT AT BIRTH OR INFORMANT.....

Dr. R.S. Morse M.D.

(Name)

(Physician, parent or other, etc.)

ADDRESS NO.,

ST.,

Ashland, Mass.

(City or Town)

20 Original Return Received

March

4, 1922

(Month)

(Day)

(Year)

21 Original Record: Vol.

1919-

07

07

1960

Page

No.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the

Town

of

Southborough

(City or Town)

(Name of City or Town)

13th

October

1981

Chapter 46, Section 13, this.....day of.....
has been transmitted to the Secretary of the Commonwealth.

Paul J. Berry (Clerk or Registrar) Town Clerk

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK
TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

State of New Hampshire
The Commonwealth of Massachusetts

County of *Worcester Belknap* } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of
Audrey Evelyn Morse in the Town of Southborough, MASS.
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town),
does not fully and correctly state. Middle name

Item(s) (2), and that the true statement of facts omitted or incorrectly stated in
said record has been supplied by her on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

Audrey Campbell Lavender

RESIDENCE

(City or town, street and number, if any)

New Hampshire

Charming Rd. RFD #2, Meredith

Relation to child, if any

Self

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was:

*Baptismal record on file showing
correct middle name.*

*Clerical error, item #13 Commonwealth
copy.*

Then personally appeared before me the person whose signature appear above and made oath
that the statements subscribed to by *her* are true.

Date, *Oct 8, 1981*

Name *Helen M. Ballantine*

My Commission Expires *11/6/86*

Official designation *Notary Public*

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

(City or town)

County of Worcester

City or Town of Southbury Ct

Registered No. _____
No. Day Court SL Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Lindsey Evelyn Morse

{ If child is not yet named, make
{ supplemental report, as directed

3 Sex of Child *female*

4 Twin, triplet, or other? (To be

4a Number in
order of birth
(parent of plural births)

5 Born alive or still-born

6 Date of birth February 17-1922
(Month) (Day) (Year)

FATHER

7 FULL NAME Ernest C Morris

9 RESIDENCE No. Key Court ST.
(At time the birth occurred)
Southborough
(City or town)

11 COLOR *bl.* 12 AGE AT LAST BIRTHDAY *31* YEARS
(At time the birth occurred)

15 BIRTHPLACE Ros Lindsale Mass
(City or town) (State or country)

17 OCCUPATION
(At time the birth occurred) *Factory worker*

19 Attendant at birth *Dr. Moss* *md.*
Physician or midwife _____
Address No. _____ St. _____
City or town *Ashland*
Did above-named personally attend the birth? *Yes*
(Yes or No)

21 Name of canvasser

Date return was obtained..... (Month) (Day) (Year)

MOTHER

8 FULL
MAIDEN
NAME Mary Beatrice Campbell

10 RESIDENCE No. Jay Court ST.
(At time the birth occurred)
Southborough
(City or town)

13 COLOR *wh*

14 AGE AT LAST BIRTHDAY *23* YEARS
(At time the birth occurred)

16 BIRTHPLACE..... Eastport Maine
(City or town) (State or country)

18 OCCUPATION
(At time the birth occurred) *House wife*

20 Informant Ernest C. Nurse
Address No. 749, Bay Court St.
City or town of South Bend
Relationship to
child, if any Father

22 Filed March 4 - 1972
(Month) (Day) (Year)

REGISTRAR

Rec'd 10/21/81

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

Clerk's Office:

The enclosed copy of an amended record is being returned to you for the following (See checked item below).

- () Item # _____ not completed.
- () A copy of the original record cannot be located. Please forward a duplicate and also return the corrected copy.
- () It does not show what written evidence was submitted to support the statement of the deponent.
- () To amend a surname or information regarding parent(s) a marriage record of the parents must be submitted.

The items checked below show information which differs from that appearing on the enclosed copy of the record and our copy of the original record for which no evidence has been submitted. Please check and advise.

- () Given Name (s) _____
- () Surname _____
- () Date of Birth _____
- () Father's Given Name _____
- () Father's Birthplace _____
- ☒ Mother's (first) (~~maiden~~) Name MABEL BEATRICE
- () Mother's Birthplace _____
- () Other (Baptismal must be pre-school)

John Dolan
2839
727-2841
2842

HERBERT E. RISSE, JR.
REGISTRAR OF VITAL RECORDS AND STATISTICS

BY: John Dolan

This Certifies

*That on the fourteenth day of
June in the year 19 25*

*Audrey Campbell Morse
received*

*Christian Baptism
in First Universalist Church
at Marlborough
State of Massachusetts*

*Rev. Harold J. Merrill.
Minister*



OFFICE OF THE
TOWN CLERK

SOUTHBOROUGH, MASSACHUSETTS 01772

485-0710 Ext. 4-7

HOURS

MON. TO FRI 9:00 - 5:00

TUE. EVE. 7:30 - 8:30

Audrey C. Laverdure
Chemung Road
RFD #2
Meredith, New Hampshire 03253

Dear Mrs. Laverdure:

The Massachusetts Secretary of States Office will not accept your CERTIFICATE of CHANGE of NAME from Probate Court in New Hampshire, it was returned to this office stating "evidence is insufficient". Massachusetts Law requires a signed "AFFIDAVIT and CORRECTION of a RECORD of BIRTH" (form R-7) along with

1. Baptismal Certificate, or
2. Early family bible (or like) record, or
3. First school record.

In order to complete our files on your RECORD of BIRTH we will need the above WRITTEN evidence.

Enclosed are (2) two Form's "AFFIDAVIT and CORRECTION of a RECORD of BIRTH", please sign your name and address where there is a check mark and return both to this office along with one or the other written evidence.

I hope this does not cause any inconvenience to you.

If you have any questions please don't hesitate to contact this office.

Yours truly,

Paul J. Berry
Town Clerk

PJB/ccm
encl's(2)

INDORSEMENT 18 Oct 81

RETURNED COMPLETED ARE FORM R-7, two copies
AND COPIES OF BAPTISMAL CERTIFICATE PER 5 Oct TELEPHONE
CONVERSATION.

PLACE OF BIRTH

Worcester
(County)Southborough
(City or Town)

No. Fay Court



DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION
OF A RECORD OF BIRTH

Registered No.

Deposition No. #5

STREET (If birth occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME OF CHILD..... Audrey Campbell Morse

3 Sex F

4

(a) Twin, triplet or other.....

5 Total number of children born

6 Date

3a Color W

If plural
Births

(b) Number, in order of birth..... 2

alive previous to this birth.....

of Birth February 17, 1922
(Month) (Day) (Year)

7

FULL
NAME

FATHER

Ernest C. Morse

13

MAIDEN
NAME

MOTHER

Mary Beatrice Campbell

PRESENT
NAME

Mary Beatrice Morse

8

RESIDENCE, NO.

Fay Court

STREET

Southborough

Mass.

CITY OR TOWN

STATE

14

RESIDENCE, NO.

Fay Court

STREET

Southborough

Mass.

CITY OR TOWN

STATE

9

COLOR
OR RACE

White

10

AGE

31

(YEARS)

15

COLOR
OR RACE

White

16

AGE

23

(YEARS)

11

PLACE
OF BIRTH

Boston

Mass.

(City or Town)

(State or Country)

17

PLACE
OF BIRTH

Eastport

Maine

(City or Town)

(State or Country)

12

OCCUPATION

Laborer

18

OCCUPATION

Housewife

19 ATTENDANT AT BIRTH OR INFORMANT..... Dr. R. S. Morse M.D.

(Name)

(Physician, parent or other, etc.)

ADDRESS NO.

ST.,

Ashland, Mass.

(City or Town)

20 Original Return Received

March

4

1922

(Month)

(Day)

(Year)

21 Original Record: Vol.

1919 Page 07

No. 07

1960

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the

Town

of

Southborough

(City or Town)

(Name of City or Town)

, in accordance with the provisions of Gen. Laws,

Chapter 46, Section 13, this..... 5th day of..... March

19

81

, and a copy of these corrections and affidavit

has been transmitted to the Secretary of the Commonwealth.

Paul J. Berry

(Clerk or Registrar)

Town Clerk

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK
TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts }
Worcester } ss.:
County of.....

The undersigned, being duly sworn, depose and say that the record relating to the birth of
Audrey Evelyn Morse in the Town of Southborough
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)
does not fully and correctly state.....Middle name.....

Item(s).....(2)....., and that the true statement of facts omitted or incorrectly stated in
said record has been supplied by.....on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

RESIDENCE

(City or town, street and number, if any)

Relation to child, if any

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was: A record of change of name from the Probate Court
in Belknap County, Laconia, New Hampshire, Docket
No. #25-350, recorded in Volume 14, Page 180, dated February
10, 1981, was received in this office on March 3, 1981 at
9:00 a.m.

Then personally appeared before me the person whose signature appear above and made oath
that the statements subscribed to by.....are true.

Date,March 5, 1981.....

NamePaul J. Berry.....

Official designationTown Clerk.....
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

Rec'd: 3-2-81

Chemung Road, RFD 2
Meredith NH 03253
27 February 1981

Mr Paul J. Berry
Town Clerk
Town of Southborough
Massachusetts

Dear Mr Berry,

The New Hampshire Belknap County Probate Court
has approved a change of my name. Inclosed is the
court decree ordering this change.

Only my birth record shows the name Audrey
Evelyn Morse, all others, academic, social security,
etc show Audrey Campbell Morse, hence the change.

I understand you will record this change and
issue me a new birth certificate with my now legal
name. Thank you.

Please return the court decree to me.

Very truly yours,

Audrey C. Laverdure
Audrey C. (Morse) Laverdure

Incl.

Court Decree
10 Feb 81

BIRTH CERTIFICATE

THE STATE OF NEW HAMPSHIRE

Copy

BELKNAP, ss.

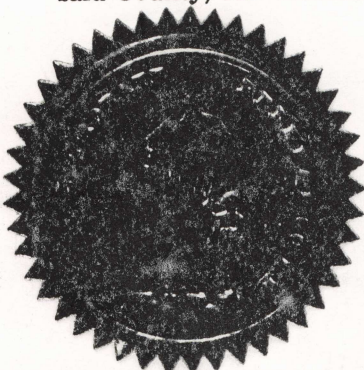
COURT OF PROBATE.

At a Court of Probate holden at Laconia in
said County, on the 10th day of February A. D. 19.81.

Upon the petition of Audrey Evelyn (Morse) Laverdure of Meredith
in said County, praying to have her name changed to that of Audrey Campbell (Morse) Laverdure
it was ordered and decreed that the name of the said Audrey Evelyn (Morse) Laverdure
be changed to Audrey Campbell (Morse) Laverdure in accordance with the laws of the State
of New Hampshire.

A record of said change of name has been duly entered in the docket of the Court of Probate for
said County, under #25-350 and recorded in Volume .14... Page .180.....

Given under my hand and seal of said Court at Laconia , in
said County, this 10th day of February A. D. 19.81.



..... *Robert R. Eganly*
Register.

No. 25-350
No.

Certificate of Change of Name

.Audrey. Gampbell..(Morse)Laverdure

(City or Town making this return)

PLACE OF BIRTH

Worcester

(County)

Southborough

(City or Town)



DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION
OF A RECORD OF BIRTH

Registered No.

Deposition No.#5.....

No. Fay Court

STREET {If birth occurred in a hospital or institution,
{give its NAME instead of street and number}

2 FULL NAME OF CHILD... Audrey Campbell Morse

3 Sex F

3a Color W

4

If plural
Births

(a) Twin, triplet or other.....

(b) Number, in order of birth...2.....

5 Total number of children born

alive previous to this birth.....

6 Date

February 17, 1922
of Birth (Month) (Day) (Year)

7

FULL
NAME

FATHER

Ernest C. Morse

13

MAIDEN
NAME

MOTHER

Mary Beatrice Campbell

PRESENT
NAME

Mary Beatrice Morse

8

RESIDENCE, NO.

Fay Court

STREET

Southborough

Mass.

CITY OR TOWN

STATE

14

RESIDENCE, NO.

Fay Court

STREET

Southborough

Mass.

CITY OR TOWN

STATE

9

COLOR
OR RACE

White

10

AGE

31

(YEARS)

15

COLOR
OR RACE

White

16

AGE

23

(YEARS)

11

PLACE
OF BIRTH

Boston

Mass.

(City or Town)

(State or Country)

17

PLACE
OF BIRTH

Eastport

Maine

(City or Town)

(State or Country)

12

OCCUPATION

Laborer

18

OCCUPATION

Housewife

19 ATTENDANT AT BIRTH OR INFORMANT.....

Dr. R.S. Morse M.D.

(Name)

(Physician, parent or other, etc.)

ADDRESS NO.

ST.

Ashland, Mass.

(City or Town)

20 Original Return Received

March

4

1922

(Month)

(Day)

(Year)

21 Original Record: Vol.

1919-

1960

Page 07

No. 07

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the

Town

of

Southborough

(City or Town)

(Name of City or Town)

Chapter 46, Section 13, this 5th day of March

has been transmitted to the Secretary of the Commonwealth.

to 81

and a copy of these corrections and affidavit

Paul J. Berry

(Clerk or Registrar)

Town Clerk

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK
TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts

County of Worcester

ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of

Audrey Evelyn Morse in the Town of Southborough

(Give name of child exactly as recorded on the original record)

(city or town)

(Name of city or town)

does not fully and correctly state Middle name

Item(s) (2), and that the true statement of facts omitted or incorrectly stated in said record has been supplied by on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

RESIDENCE

(City or town, street and number, if any)

Relation to child, if any

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was: A record of change of name from the Probate Court in Belknap County, Laconia, New Hampshire, Docket No. #25-350, recorded in Volume 14, Page 180, dated February 10, 1981, was received in this office on March 3, 1981 at 9:00 a.m.

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by are true.

March 5, 1981

Date,

Name Paul J. Berry

Official designation Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

THE STATE OF NEW HAMPSHIRE

BELKNAP , ss.

COURT OF PROBATE.

At a Court of Probate holden at Laconia in
said County, on the 10th day of February A. D. 19 81.

Upon the petition of ... Audrey Evelyn (Morse) Laverdure of ... Meredith
in said County, praying to have her name changed to that of ... Audrey Campbell (Morse) Laverdure
it was ordered and decreed that the name of the said Audrey Evelyn (Morse) Laverdure
be changed to Audrey Campbell (Morse) Laverdure in accordance with the laws of the State
of New Hampshire.

A record of said change of name has been duly entered in the docket of the Court of Probate for
said County, under #25-350 and recorded in Volume 14... Page 180.....

Given under my hand and seal of said Court at Laconia in
said County, this 10th day of February A. D. 19 81.



.....
Register.

A true copy:
Attest:

Paul J. Berry, Town Clerk

No. 25-350
.....

Certificate of Change of Name

Audrey.Campbell.(Morse)Lavardure



ENIO CICCOLINI
6/4/1923


MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK--THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

20M-11-29. No. 7182-g

1 PLACE OF BIRTH COUNTY <u>Worcester</u> CITY OR TOWN <u>Southborough</u>				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		(CITY OR TOWN MAKING THIS RETURN) Registered No. Deposition No. <u>#1</u>	
NO. <u>Cenny St</u>		STREET		WARD		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD <u>Enio Ciccolini</u>							
3 Sex <u>male</u> 3a Color <u>white</u>	4 <u>1</u> plural Births (a) Twin, triplet or other (b) Number, in order of birth	5 Born ALIVE or STILLBORN <u>alive</u>		6 Date of Birth <u>June 4, 1923</u> (MONTH) (DAY) (YEAR)			
7 FATHER FULL NAME <u>Fredric Ciccolini</u>				13 MOTHER MAIDEN NAME <u>Augusta Betinatti</u> PRESENT NAME			
8 RESIDENCE, No. STREET CITY OR TOWN <u>Southboro</u> STATE <u>Mass</u>				14 RESIDENCE, No. STREET CITY OR TOWN <u>Southboro</u> STATE <u>Mass</u>			
9 COLOR OR RACE <u>white</u>		10 AGE AT LAST BIRTHDAY <u>29</u> (YEARS)		15 COLOR OR RACE <u>white</u>		16 AGE AT LAST BIRTHDAY <u>28</u> (YEARS)	
11 PLACE OF BIRTH <u>Italy</u> (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH <u>Italy</u> (CITY OR TOWN) (STATE OR COUNTRY)		18 OCCUPATION <u>Housewife</u>		19 SIGNATURE OF ATTENDANT AT BIRTH <u>Dr. Hase</u> (NAME) ADDRESS No. STREET <u>Hopkinton Mass</u> (CITY OR TOWN)	
20 Original return received (Month) (Day) (Year)				21 Original Record: Vol. Page No.			
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the of in accordance with the provisions of Gen. Laws, (City or town) (Name of city or town) Chapter 46, Section 13, this <u>18th</u> day of <u>March</u> 19 <u>43</u> , and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth. Is correction made under provisions of Chap. 281, Acts of 1925? (Registrar)							

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of
Enrico Cecolini in the Town of Dorchester
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts
omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
<u>Augusta Cecolini</u>	<u>Dorchester</u>	<u>mother</u>
.....	<u>matched</u>
.....

FURTHER, The evidence submitted to substantiate the affidavit was:

Baptismal record

Is correction made under the provisions of Chap. 281 of the Acts of 1925?.....

Date, February 8, 1943

Then personally appeared before me the person whose signature appear above and made
oath that the statements subscribed to by her are true.

Name William F. McNamee
Official designation Assistant Clerk
(City or town clerk, assistant clerk or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Subsequently acquired names, whether by adoption through legal procedure, or by common usage, cannot be the basis for an amendment or correction of the original record.

Baptismal Certificate

CHURCH OF

St Anne's
Southboro

Name

Enio Ciccalini

Child of

Fredrico Ciccalini

and

Augusta Betinatti

Born

June 4

1923

was Baptized

July 21

1923

According to the Rite of the Roman Catholic Church

By Rev.

James P. Carran

Sponsors

Evangelista Carloni

Maria Carloni

As appears from the Baptismal Register of this Church.

Dated

Feb, 6, 1943

Thomas J. Price

Rector

PRISCILLA LINCOLN

6/19/1923

Commonwealth of Massachusetts.

No. 38 #2

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Priscilla Rose Lincoln in the town of Southborough,
(Name of child.) (City or town.) (Name of city or town.)
does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record:—

Date of birth, <u>June 19 - 1923</u>	Name of father, <u>Harvard R Lincoln</u>
Name of child, <u>Priscilla Rose Lincoln</u>	Maiden name of mother, <u>Allene Vohs</u>
Sex, <u>F</u>	Residence of parents, <u>Southborough</u> (at time the birth occurred)
Color, <u>Wh</u>	Occupation of father, <u>Cloth</u> (at time the birth occurred.)
Condition (twin, &c.),	Birthplace of father, <u>Southborough</u>
Place of birth, <u>Framingham</u>	Birthplace of mother, <u>Phillips Maine</u>

SIGNATURE.

Allene Lincoln

RESIDENCE.

(City or town, street and number, if any.)

Southborough

Relation to child, if any.

Mother

Date, Sept 4 - 29

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by _____ are true.

Clerk.

(City or town.)

Recorded _____

Of _____ Mass.

Baptismal Certificate

CHURCH OF

ST Anne

Southboro, Mass

Name Celio Minnuzzi

Child of ~~Doraine~~ ^{James} "

and Antoinette G. Lowe

Born April 11 1930

was Baptized May 1 1932

According to the Rite of the Roman Catholic Church

By Rev. Francis Maxwell

Sponsors

Justina Macchione

Thomas Colacchio

As appears from the Baptismal Register of this Church.

Dated Feb 7 1944

W. R. Brophy

Rector

LOUISE CASTAGNETTI

2/23/1924

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

50m (d)-1-41-4695

See reverse side for affidavit.

1 PLACE OF BIRTH Worcester (County) Southboro (City or Town) NO. 28 Central STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		(City or Town making this return) Registered No. Deposition No. #1	
2 FULL NAME OF CHILD Louise Mary Helena Castagnetti					
3 Sex <i>f</i>	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth FEB. 23 1924	(Month) (Day) (Year)
3a Color <i>w</i>	(b) Number, in order of birth				
7 FATHER FULL NAME Joseph Castagnetti			13 MOTHER MAIDEN NAME Pierina Wallo PRESENT NAME Mrs. Pierina Tovaletti		
8 RESIDENCE, NO. 28 Central STREET (At time of birth or adoption) CITY OR TOWN Fayville STATE Mass.			14 RESIDENCE, NO. 28 Central STREET (At time of birth or adoption) CITY OR TOWN Fayville STATE Mass.		
9 COLOR OR RACE white	10 AGE AT TIME OF BIRTH OR ADOPTION 30 (YEARS)	15 COLOR OR RACE white	16 AGE AT TIME OF BIRTH OR ADOPTION 28 1/2 (YEARS)		
11 PLACE OF BIRTH Monestera, Italy (City or Town) (State or Country)			17 PLACE OF BIRTH Rivergard, Italy (City or Town) (State or Country)		
12 OCCUPATION farm (At time of birth or adoption)			18 OCCUPATION none (At time of birth or adoption)		
19 ATTENDANT AT BIRTH OR INFORMANT Dr. C H Merrill (Name) (Physician, parent or other, etc.)					
ADDRESS NO. 103 Mechanic ST. Marlboro, Mass. (City or Town)					
20 Original Return Received February 24 1924 (Month) (Day) (Year)			21 Original Record: Vol. 4 Page 11 No.		
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Town (City or Town) of Southboro (Name of City or Town) in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this 2nd day of May 1924, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.					
_____ (Signature) (Registrar)					

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester

ss.:

Louise Castanetti

The undersigned, being duly sworn, depose and say that the record relating to the birth of Louise Mary Helena Castanetti in the Town of Southboro,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE

(City or town, street and number, if any)

Relation to child, if any

Pierina Castanetti

Cordaville Mass

Mother

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Baptismal record November, 19 1942

Date, November 19 1942

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name

Official designation

(City or town clerk, assistant clerk, or registrar)

Town Clerk

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

Baptismal Certificate

CHURCH OF

St Anne

Southboro

Name Souise M. Helena Castagnette

Child of Joseph Castagnette

and Pierina (Waldia) Castagnette

Born Feb 23 1924

was Baptized Mar 9 1924 I

According to the Rite of the Roman Catholic Church

By Rev. James Curran

Sponsors { Albino Agnelli
Rose Pessini

As appears from the Baptismal Register of this Church.

Dated July 29 1942

W. R. Brophy

Rector

Gina GOLGATTA

5/10/1924

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

200-11-66-946459

See reverse side for affidavit.

1 PLACE OF BIRTH
 {
 Worcester (County)
 Southborough (City or Town)
 No. Woodland Road STREET WARD



The Commonwealth of Massachusetts
 JOHN F. X. DAVOREN
 SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

Southborough
 (City or Town making this return)

Registered No. #15Deposition No. #46#2

{(If birth occurred in a hospital or institution,
 give its NAME instead of street and number)}

2 FULL NAME OF CHILD Gina Golgata

3 Sex <u>F</u> 3a Color	4 { If plural Births	(a) Twin, triplet or other.....	5 Total number of children born alive previous to this birth.....	6 Date of Birth <u>May 10, 1924</u> (Month) (Day) (Year)
----------------------------	-------------------------	---------------------------------	--	--

7 FATHER
 FULL NAME Venanzio Golgata

13 MOTHER
 MAIDEN NAME Mary Morrisini
 PRESENT NAME Mary Golgata

8 RESIDENCE, NO. Woodland Road STREET
 CITY OR TOWN Southborough STATE Mass

14 RESIDENCE, NO. Woodland Road STREET
 CITY OR TOWN Southborough STATE Mass

9 COLOR OR RACE
 10 AGE 33 (YEARS)

15 COLOR OR RACE
 16 AGE 31 (YEARS)

11 PLACE OF BIRTH Italy
 (City or Town) (State or Country)

17 PLACE OF BIRTH Italy
 (City or Town) (State or Country)

12 OCCUPATION Weaver

18 OCCUPATION Housewife

19 ATTENDANT AT BIRTH OR INFORMANT W.H. Gane, M.D. Physician
 (Name) (Physician, parent or other, etc.)

ADDRESS NO. ST.,
 (City or Town)

20 Original Return Received May 13, 1924
 (Month) (Day) (Year)

21 Original Record: Vol. 1919- Page 11 No. 15
1960

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
Town of Southborough, in accordance with the provisions of Gen. Laws,
 (City or Town) (Name of City or Town)

Chapter 46, Section 13, this 20th day of May, 1925, and a copy of these corrections and affidavit
 has been transmitted to the Secretary of the Commonwealth.

Paul J. Berry
 Paul J. Berry, Town Clerk (Registrar)

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of
Ginna Golgata in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)
does not fully and correctly state First Name

Item(s) 2, and that the true statement of facts omitted or incorrectly stated in
said record has been supplied by Her on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

RESIDENCE

Relation to child, if any

(City or town, street and number, if any)

<u>Mina (Golgata) Ferrelli</u>	<u>87 Wausshakum St.</u>	<u>self</u>
	<u>Frammingham, Mass 01704</u>	

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was:

Certificate of Baptism

Then personally appeared before me the person whose signature appear above and made oath
that the statements subscribed to by Her are true.

Date, May 22, 1975

Name Paul J. Berry

Official designation Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

46

Certificate of Baptism



Church of
ST. TARCISIUS
FRAMINGHAM, MASS.

Name GINA GOLGATA

Date of Birth MAY 10, 1924

Date of Baptism JULY 4, 1924

Father's Name VENANZIO

Mother's Maiden Name MARIA MORAZZINI

(Signed) Rev. James Vero

Date May 10, 1975

LEROY JOHNSON

11/30/1924

Commonwealth of Massachusetts.

No. 26 #3

#3

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Ermatt Brigham Johnson in the town of Southborough, does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, <u>November 30-1924</u>	Name of father <u>James B Johnson</u>
Name of child, <u>Leroy Brigham Johnson</u>	Maiden name of mother, <u>Lera Campbell</u>
Sex, <u>male</u>	Residence of parents, <u>Southborough</u> (at time the birth occurred.)
Color, <u>wh</u>	Occupation of father, <u>Farmer</u> (at time the birth occurred.)
Condition (twin, &c.),	Birthplace of father, <u>Southborough</u>
Place of birth, <u>Southborough</u>	Birthplace of mother, <u>Nova Scotia</u>

SIGNATURE. <u>James B. Johnson</u>	RESIDENCE. (City or town, street and number, if any.) <u>Southborough</u>	Relation to child, if any. <u>Father</u>

Date, February 9-1925

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Recorded July 9-1925 Of Southborough Mass.
Clerk. Chas. L. Fairbanks
(City or town.)

DAISY CARLONI

8/10/1924

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK
TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

PLACE OF BIRTH
WORCESTER
(County)
SOUTHBOROUGH
(City or Town)



The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF
VITAL RECORDS AND STATISTICS
AFFIDAVIT AND CORRECTION
OF A RECORD OF BIRTH

SOUTHBOROUGH

(City or Town making this return)

Registered No. #26

Deposition No. #4

No.

Cherry

STREET {If birth occurred in a hospital or institution,
give its NAME instead of street and number}

2 FULL NAME OF CHILD. Daisy Carloni

3 Sex F

4

If plural
Births

(a) Twin, triplet or other

5 Total number of children born

6 Date

3a Color W

(b) Number, in order of birth.

alive previous to this birth

of Birth August 10, 1924
(Month) (Day) (Year)

7

FATHER

FULL
NAME

Evaristo Carloni

13

MOTHER

MAIDEN
NAME

Marie Ceccolini

PRESENT
NAME

Marie Carloni

8

RESIDENCE, NO.

Cherry

STREET

CITY OR TOWN

Southborough

STATE

Ma.

14

RESIDENCE, NO.

Cherry

STREET

CITY OR TOWN

Southborough

STATE

Ma.

9

COLOR
OR RACE

10

AGE

34

(YEARS)

15

COLOR
OR RACE

16

AGE

34

(YEARS)

11

PLACE
OF BIRTH

Italy

(City or Town)

(State or Country)

17

PLACE
OF BIRTH

Italy

(City or Town)

(State or Country)

12

OCCUPATION

Laborer

18

OCCUPATION

Housewife

J.L. Bacon, Physician

19 ATTENDANT AT BIRTH OR INFORMANT

(Name)

(Physician, parent or other, etc.)

ADDRESS NO.

ST.,

(City or Town)

20 Original Return Received August 12, 1924
(Month) (Day) (Year)

21 Original Record: Vol. 1919-1960 Page 12 No. 26

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the

Town

of

Southborough

(City or Town)

(Name of City or Town)

in accordance with the provisions of Gen. Laws,

Chapter 46, Section 13, this 10th day of April

1924 and a copy of these corrections and affidavit

has been transmitted to the Commissioner of Public Health.

PAUL J. BERRY

(Clerk or Registrar)

TOWN CLERK

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts

County of WORCESTER } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Daisy Caroloni in the Town of Southborough, (Give name of child exactly as recorded on the original record) (city or town) (Name of city or town) does not fully and correctly state Last Name of Child, Fathers First & Last Name and Mothers Last Name Item(s) 2, 7 & 13, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate on the other side of this blank. (Him or her)

SIGNATURE

RESIDENCE

Relation to child, if any

<u>Daisy (Carlone) Desimone</u>	<u>84 Newton St. Southboro</u>	<u>self</u>
---------------------------------	--------------------------------	-------------

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was: A copy of Civil & Church Marriage Certificates for Evaristo Carlone & Marie Ceccolini parents of Daisy Carlone are on file in this office. Also a copy of Fathers Naturalization papers are on file in this office, No. 6411712, Evaristo Carlone.

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Date, April 10, 1986

Name Paul J. Berry

Official designation TOWN CLERK
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

485-2233

COMUNE DI PESARO

Rip. II. - Servizi demografici

Sez. I. - STATO CIVILE

Stato Civile

CERTIFICATO DI MATRIMONIO

Marriage Certificate

In seguito a richiesta il sottoscritto

CERTIFICA

che nel registro degli atti di matrimonio dell'anno 1920 p.^{la} s. n. 91
risulta che addì 20 Marzo 1920
venne celebrato il matrimonio in *20 March 1920 Pesaro*

fra
Carloni Roberto
nato a *Pesaro* 29. IV. 1890 residente in *Pesaro*
di professione *bracciante*

e
Cecolini Maria
nata a *Fiorruola* 25.3.1889 residente in *Pesaro*
di professione *lavora*

In carta libera per uso *pensione*

12 FEB 1958

INCHIESTORE



L'UFFICIALE DELLO STATO CIVILE

34

Registrazione *624*

Diritti esatti

Tassa di bollo . . . L. . .

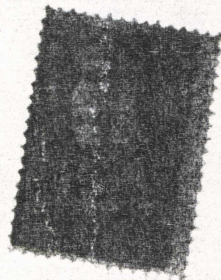
Diritti di s. c. . . .

• d'urgenza . . . 20

• . . . 10

TOTALE L. 30

L'IMPUGNATO *ch*



Church marriage Certificate

PARROCCHIA S. FRANCESCO

PP. Cappuccini - Via Massala, 1
Pesaro



TELEF. 31-08

Dal libro dei matrimoni N° 150

Nel giorno undici del mese di Aprile 1920
11th of month of April 1920
nella Chiesa dei PP. Cappuccini di Pesaro
hanno contratto matrimonio

CARLONI EVARISTO fu Angelo e di Bartolucci Filomena
battezzato a Trabbianico il 30 marzo-1890 1890

e

CECCOLINI MARIA di Ercole e di Baldelli Albina
battezzata a Castel di Mezzo il 25 Marzo 1889

Furono testimoni: Carloni Quinto fu Angelo
Ceccolini Federico di Ercole

Assistette al matrimonio il Rettore-Parroco

F. Serafino da Castelnuovo
Cappuccino

In fede per gli usi consentiti dalla
legge

il parroco

P. Bernardo Gabrielli

Pesaro

Cappuccino

7 Febbraio 1958

P. Bernard Gabrielli

THE UNITED STATES OF AMERICA

ORIGINAL
TO BE GIVEN TO
THE PERSON NATURALIZED

No. 6411712



NATURALIZATION

Petition No. 40491

Personal description of holder as of date of naturalization: Age 54 years; sex male color white
complexion medium color of eyes brown color of hair grey & brown height 5 feet 6
weight 170 pounds; visible distinctive marks scar on forehead
Marital status married former nationality Italian

I certify that the description above given is true, and that the photograph affixed hereto is a likeness.



Evaristo S. Carloni

Seal

Evaristo Carloni

(Complete and true signature of holder)

Commonwealth of Massachusetts
County of Worcester

S.S.

Be it known, that at a term of the Superior
Massachusetts

held pursuant to law at Worcester, Massachusetts
on September 1, 1944

Evaristo Carloni

then residing at Newton St., Southborough, Massachusetts
intends to reside permanently in the United States (when so required by
Naturalization Laws of the United States), had in all other respects complied
the applicable provisions of such naturalization laws, and was entitled
admitted to citizenship, thereupon ordered that such person be and is
admitted as a citizen of the United States of America.

In testimony whereof the seal of the court is hereunto affixed this
day of September in the year of our Lord nineteen hun-
forty-four and of our Independence the on
and sixty-ninth.

William C. Bove

Clerk of the Superior

Court.

By

Deputy Cle

It is a violation of the U.S. Code (and
punishable as such) to copy, print, photograph,
or otherwise illegally use this certificate.

DEPARTMENT OF JUSTICE

GABRIEL MUGURIAN

3/20/1925


MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

5m-12-32. No. 7070-c

1	PLACE OF BIRTH (COUNTY) <u>Suffolk</u> (CITY OR TOWN) <u>Boston</u>		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS Copy of Affidavit and Correction of a Record of Birth	(CITY OR TOWN MAKING THIS RETURN) Registered No. <u>1236</u> Deposition No. <u>3521#1</u>
NO. <u>Evangeline Booth Hosp</u> STREET <u>WARD</u> { (If birth occurred in a hospital or institution, give its NAME instead of street and number)				
2 FULL NAME OF CHILD <u>GABRIEL MUGURIAN</u>				
3 Sex <u>M</u> 4 (a) Twin, triplet or other..... 5 Born ALIVE or STILLBORN 3a Color <u>W</u> If plural Births (b) Number, in order of birth..... 6 Date of Birth <u>March 20, 1925</u> (MONTH) (DAY) (YEAR)				
7 FATHER FULL NAME <u>Mehran Mugurian</u>		13 MOTHER MAIDEN NAME <u>Hranoush Zobian</u> PRESENT NAME <u>Hranoush Mugurian</u>		
8 RESIDENCE, No. STREET CITY OR TOWN <u>Southboro</u> STATE <u>Mass</u>		14 RESIDENCE, No. STREET CITY OR TOWN <u>Southboro</u> STATE <u>Mass</u>		
9 COLOR OR RACE <u>W</u> 10 AGE AT LAST BIRTHDAY (YEARS)		15 COLOR OR RACE <u>W</u> 16 AGE AT LAST BIRTHDAY (YEARS)		
11 PLACE OF BIRTH <u>Armenia</u> (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH <u>Armenia</u> (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION <u>Laborer</u>		18 OCCUPATION		
19 Attendant at birth or informant..... (NAME) <u>C. Barbarisi</u> (PHYSICIAN, PARENT OR OTHER, ETC.)				
Address No. St., (CITY OR TOWN)				
20 Original return received <u>April 21, 1925</u> (Month) (Day) (Year)		21 Original Record: Vol. Page No. <u>1236</u>		
22 RECEIVED <u>July 13th 1943</u> (MONTH) (DAY) (YEAR)		23 RECEIVED (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED <u>Francis J. Fay</u>		REGISTRAR OF CITY OR TOWN WHERE PARENTS RES...		

COPY OF DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts {
County of Worcester ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of
Female Mongerian in the city of BOSTON,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts
omitted or incorrectly stated in said record has been supplied by on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

Mehran Mugurian

RESIDENCE

(City or town, street and number, if any)

Ashland Mass

Relation to child, if any

parent

FURTHER, The evidence submitted to substantiate the affidavit was:

Early baptismal to add name and amend sex. Parents marriage on
file #4232 of 1922 to amend surname. Assessors record 1925 to
amend address at birth. Date, Oct. 16, 1942
to Southboro

Then personally appeared before me the person whose signature appear above and made
oath that the statements subscribed to by him are true.

Name Marjorie F. McDonald

Official designation NP
(City or town clerk, assistant clerk or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Subsequently acquired names, by common usage, cannot be the basis for an amendment or correction of the original record.

MARGIN RESERVED FOR BINDING

GENO COSTAGNETTI,
4/22/1925


MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

FORM R-7

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

50m-(b)-3-43-11574

See reverse side for affidavit.

1 PLACE OF BIRTH <u>Worcester</u> (County) <u>Fagville</u> (City or Town)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or Town making this return)	
2 FULL NAME OF CHILD <u>Geno Castagnette</u>				AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH			
3 Sex	4 If plural Births	(a) Twin, triplet or other		5 Born ALIVE or STILLBORN	6 Date of Birth	Registered No. Deposition No. <u>#2</u>	
3a Color	(b) Number, in order of birth				(Month)	(Day)	(Year)
7 FATHER FULL NAME <u>Joseph Castagnette</u>				13 MOTHER MAIDEN NAME <u>Pierina Valla</u> PRESENT NAME <u>Pierina Tamaretti</u>			
8 RESIDENCE, NO. _____ STREET _____ (At time of birth or adoption)				14 RESIDENCE, NO. _____ STREET _____ (At time of birth or adoption)			
CITY OR TOWN _____ STATE _____				CITY OR TOWN _____ STATE _____			
9 COLOR OR RACE <u>White</u>	10 AGE AT TIME OF BIRTH OR ADOPTION <u>28</u> (Years)		15 COLOR OR RACE <u>White</u>	16 AGE AT TIME OF BIRTH OR ADOPTION <u>22</u> (Years)			
11 PLACE OF BIRTH <u>Italy</u> (City or Town) (State or Country)		17 PLACE OF BIRTH <u>Italy</u> (City or Town) (State or Country)					
12 OCCUPATION <u>House wife</u> (At time of birth or adoption)		18 OCCUPATION <u>Labor</u> (At time of birth or adoption)					
19 ATTENDANT AT BIRTH OR INFORMANT <u>D. J. McNeill</u> (Name) (Physician, parent or other, etc.)							
ADDRESS NO. _____ ST. <u>Marlborough</u> (City or Town)							
20 Original Return Received <u>March 27 1925</u> (Month) (Day) (Year)				21 Original Record: Vol. <u>4</u> Page <u>13</u> No. _____			
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the <u>Geno</u> of <u>Southborough</u> , in accordance with the provisions of Gen. Laws, (City or Town) (Name of City or Town) Chapter 46, Section 13, this <u>16th</u> day of <u>February</u> 19 <u>46</u> , and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth. <u>Margie McNeill</u> (Registrar)							

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Piero Castinetta in the Town of Southborough
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by _____ on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE

Relation to child, if any

(City or town, street and number, if any)

Piero Castinetta

mother

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Baptismal Record.

Date, Feb. 16, 1944

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name Margaret T. McDonald

Official designation Town Clerk
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Certificate of Baptism



Church of

St. Anne
Southboro, Mass.

This is to Certify

That *Gene Castagnetti*

Child of *Joseph Castagnetti*

and *Pierina Valla*

Born in *Apr 22, 1925* on the

— day of *—* 1 was Baptized

on the *10* day of *May* 1925

According to the Rite of the Roman Catholic Church

by the Rev. *Francis J. Maxwell*

the Sponsors being *Peter Valla*

and *Mary Valla*

As appears from the Baptismal Register of this Church.

Dated *Feb 16, 1946*

Patrick E. Long Pastor

CHARLOTTE FANTONY

6/4/1925

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

5m-12-32. No. 7070-c

1 PLACE OF BIRTH
Middlesex
(COUNTY)
Framingham
(CITY OR TOWN)The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCopy of Affidavit and Correction
of a Record of BirthFramingham
(CITY OR TOWN MAKING THIS RETURN)

Registered No.

Deposition No. # 3

NO. Framingham Hospital

STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Charlotte Marcella Fantony

3 Sex ~~Se~~ 4 (a) Twin, triplet or other..... 5 Born ALIVE or STILLBORN alive 6 Date June 4, 1925
3a Color If plural Births (b) Number, in order of birth..... of Birth (MONTH) (DAY) (YEAR)7 FATHER
FULL NAME Charles Fantony13 MOTHER
MAIDEN NAME Mary Mitchell
PRESENT NAME Fantony8 RESIDENCE, No. STREET
CITY OR TOWN Southboro STATE14 RESIDENCE, No. STREET
CITY OR TOWN Southboro STATE

9 COLOR OR RACE W 10 AGE AT LAST BIRTHDAY (YEARS)

15 COLOR OR RACE W 16 AGE AT LAST BIRTHDAY (YEARS)

11 PLACE OF BIRTH Italy
(CITY OR TOWN) (STATE OR COUNTRY)17 PLACE OF BIRTH Southboro, Mass.
(CITY OR TOWN) (STATE OR COUNTRY)

12 OCCUPATION Garage owner

18 OCCUPATION hw

19 Attendant at birth or informant Albert S. Owen M.D.
(NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)Address No. St. Framingham
(CITY OR TOWN)20 Original return received 6/5/28
(Month) (Day) (Year)

21 Original Record: Vol. 6 Page 123 No. 279

22 RECEIVED 8/6/36
(MONTH) (DAY) (YEAR)23 RECEIVED
(MONTH) (DAY) (YEAR)

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

COPY OF DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Subsequently acquired names, by common usage, cannot be the basis for an amendment or correction of the original record.

MARGIN RESERVED FOR BINDING

The Commonwealth of Massachusetts {
County of Middlesex } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Fantony; female in the town of Framingham,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

Charles Fantony

RESIDENCE

(City or town, street and number, if any)

Southboro

Relation to child, if any

father

FURTHER, The evidence submitted to substantiate the affidavit was:

Baptismal record

Date, no

Aug. 6, 1936

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Name Wm. J. Walsh

Official designation Town Clerk

(City or town clerk, assistant clerk or registrar)

LIVIO CIBELLI
12/21/1925

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

50m-(C)-1-45-15510

See reverse side for affidavit.

1

PLACE OF BIRTH
 Worcester
 (County)
 Southborough
 (City or Town)



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
**AFFIDAVIT AND CORRECTION
 OF A RECORD OF BIRTH**

(City or Town making this return)

Registered No.

Deposition No. #4

NO. STREET. WARD { (If birth occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME OF CHILD Livio Cibelli

3 Sex M 4 { (a) Twin, triplet or other _____ 5 Born ALIVE OR STILLBORN 6 Date
 3a Color If plural Births { (b) Number, in order of birth _____ alive of Birth December 21, 1925
 (Month) (Day) (Year)

7 FATHER FULL NAME Aldo Cibelli 13 MAIDEN NAME Eunice Fay
 PRESENT NAME Cibelli

8 RESIDENCE, NO. _____ STREET _____
 (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass
 14 RESIDENCE, NO. _____ STREET _____
 (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass.

9 COLOR OR RACE white 10 AGE AT TIME OF BIRTH OR ADOPTION 30 (Years) 15 COLOR OR RACE white 16 AGE AT TIME OF BIRTH OR ADOPTION 16 (Years)

11 PLACE OF BIRTH Italy (City or Town) (State or Country) 17 PLACE OF BIRTH Italy (City or Town) (State or Country)

12 OCCUPATION Mason (At time of birth or adoption) 18 OCCUPATION at home (At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT R. S. Morse Physician
 (Name) (Physician, parent or other, etc.)

ADDRESS NO. _____ ST., _____
 (City or Town)

20 Original Return Received Dec 29 25 (Month) (Day) (Year) 21 Original Record: Vol. 4 Page 14 No. 36

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
Town of Southborough, in accordance with the provisions of Gen. Laws,
 (City or Town) (Name of City or Town)

Chapter 46, Section 13, this 2nd day of January, 19 52, and a copy of these corrections and affidavit
 has been transmitted to the Secretary of the Commonwealth.

John J. Robens
 (Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of no name in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE
(City or town, street and number, if any)

Relation to child, if any

X Aldo Cibelli

Father

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:
certificate of baptism

Date, _____

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by _____ are true.

Name

John J. Rakene

Official designation

Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Certificate of Baptism



Church of

St Anne
Southboro, Mass

This is to Certify

That.....*Livia Cibelli*.....

Child of.....*Albo Cibelli*.....

and.....*Emmie Fay*.....

Born in.....*Fagville*.....on the

.....*21*..... day of.....*Dec*.....*1922* was Baptized

on the.....*2*..... day of.....*May*.....*1920*

According to the Rite of the Roman Catholic Church

by the Rev.....*F. J. Maxwell*.....

the Sponsors being.....*Giuseppe Della Costa*.....

and.....*Lucy Pisci*.....

As appears from the Baptismal Register of this Church.

Dated.....*June 14, 1951*.....

Patrick E. Fay Pastor

VIRGINIA PATTERSON

4/4/1925

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

Form R 7-20M-9-76-129091

PLACE OF BIRTH
Worcester
 (County)
Southborough
 (City or Town)
 No. **Pinehill Road**



The Commonwealth of Massachusetts

SOUTHBOROUGH

(City or Town making this return)

DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION
OF A RECORD OF BIRTH

Registered No. #5

Deposition No. #5

No. **Pinehill Road** STREET {If birth occurred in a hospital or institution,
 {give its NAME instead of street and number}

2 FULL NAME OF CHILD **Virginia Delphine Patterson**

3 Sex **Fe.** 4 { (a) Twin, triplet or other..... 5 Total number of children born 6 Date
 3a Color **W** If plural Births { (b) Number, in order of birth..... alive previous to this birth..... of Birth **April 4, 1925**
 (Month) (Day) (Year)

7 FATHER
 FULL NAME **James T. Patterson**

13 MOTHER
 MAIDEN NAME **Irene M. Storer**
 PRESENT NAME **Irene M. Patterson**

8 RESIDENCE, NO. **Pinehill Road** STREET
 CITY OR TOWN **Southboro** STATE **Mass.**

14 RESIDENCE, NO. **Pinehill Road** STREET
 CITY OR TOWN **Southboro** STATE **Mass.**

9 COLOR OR RACE..... 10 AGE **28** (YEARS)

15 COLOR OR RACE..... 16 AGE **25** (YEARS)

11 PLACE OF BIRTH **Scituate, Mass.**
 (City or Town) (State or Country)

17 PLACE OF BIRTH **Readville** **Mass.**
 (City or Town) (State or Country)

12 OCCUPATION **Gardner**

18 OCCUPATION **Housewife**

19 ATTENDANT AT BIRTH OR INFORMANT **E. F. Regan**
 (Name) (Physician, parent or other, etc.)

ADDRESS NO, ST., **Framingham** **Mass.**
 (City or Town)

20 Original Return Received **April 6, 1925** 21 Original Record: Vol. **1919** Page **13** No. **#5**
 (Month) (Day) (Year) **1960**

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
Town of **Southborough**, in accordance with the provisions of Gen. Laws,
 (City or Town) (Name of City or Town)
9th day of **April**, 19**25**, and a copy of these corrections and affidavit
 Chapter 46, Section 13, this..... day of....., 19..... has been transmitted to the Secretary of the Commonwealth.

Paul J. Berry
 Paul J. Berry, Town Clerk
 (Clerk or Registrar)

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of
Patterson in the Town of Southboro
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)

does not fully and correctly state First & Middle Name

Item(s) (2), and that the true statement of facts omitted or incorrectly stated in
said record has been supplied by her on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

RESIDENCE

Relation to child, if any

(City or town, street and number, if any)

<u>Irene Storer Patterson</u>	<u>62 Mechanic St. ,Bellingham, Ma.</u>	<u>Mother</u>
-------------------------------	---	---------------

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Baptismal Record on file in this office.

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true. Paul J. Berry
April 9, 1970 Town Clerk

Date, _____ Name _____
Official designation _____
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.



Go ye therefore and teach all nations, baptizing
them in the name of the Father and of the Son,
and of the Holy Ghost. St. Matthew 28:19

Certificate of Baptism

This Certifies

That Virginia Delphine
Patterson - daughter
of: James T. and Irene^{M.} Storer

Was by me Baptized
in the Name of the Father and of the Son
and of the Holy Ghost

On the 4th day of October
In the year of our Lord 1926
Birthdate: 4/4/25

Rev. M. S. Buckingham
Pastor

CERTIFICATE
OF
BAPTISM

March 27, 1979
Copied from the records of the
Blue Hill Community Church
Readville, Mass. by
Ellen D. Bazzinotti, Clerk

EVELYN METCALF

3/27/1926

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

For making copy of form R-7 to be sent to the city or town clerk of the place of residence of the parents at the time of birth, if a copy of the original record had been so sent.

109-11-69-045763

1 PLACE OF BIRTH No. Faulkner Hospital (City or Town)		The Commonwealth of Massachusetts JOHN F. X. DAVOREN SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS COPY OF AFFIDAVIT and CORRECTION OF A RECORD OF BIRTH		(City or Town making this return) Registered No. 4184 Deposition No. 781 #39	
2 FULL NAME OF CHILD Evelyn Lorraine Metcalf					
3 Sex F 3a Color W		(a) Twin, triplet or other..... (b) Number, in order of birth.....		5 Total number of children born alive previous to this birth.....	
6 Date of Birth March 27 1926 (Month) (Day) (Year)					
7 FATHER FULL NAME Robert J Metcalf			13 MOTHER MAIDEN NAME Alta Tucker PRESENT NAME Alta Metcalf		
8 RESIDENCE, NO. STREET CITY OR TOWN Southboro STATE Mass			14 RESIDENCE, NO. STREET CITY OR TOWN Southboro STATE Mass		
9 COLOR OR RACE W		10 AGE (YEARS)		15 COLOR OR RACE W	
11 PLACE OF BIRTH Ireland (City or Town) (State or Country)		16 AGE (YEARS)			
12 OCCUPATION Barber			17 PLACE OF BIRTH Saybrook Conn (City or Town) (State or Country)		
18 OCCUPATION			19 ATTENDANT AT BIRTH OR INFORMANT R S Titus M.D (Name) (Physician, parent or other, etc.)		
ADDRESS NO. ST., (City or Town)			20 Original Return Received Mar 31, 1926 (Month) (Day) (Year)		
21 Original Record: Vol. Page No. 4184			22 RECEIVED Mar 17 1926 (Month) (Day) (Year)		
23 RECEIVED Mar 27 1926 (Month) (Day) (Year)			24 RECEIVED Mar 27 1926 (Month) (Day) (Year)		
Registrar of City or Town where birth occurred			Paul J. Berry Registrar of City or Town where birth occurred		

COPY OF DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

State of Connecticut
~~The Commonwealth of Massachusetts~~
 Suffol } ss.:
 County of.....

The undersigned, being duly sworn, depose and say that the record relating to the birth of

Female Metcalf.....in the city.....of Boston.....
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)

does not fully and correctly state.....given names.....

Item(s).....2.....and that the true statement of facts omitted or incorrectly stated in
 said record has been supplied by.....her.....on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

RESIDENCE
(City or town, street and number, if any)

Relation to child, if any

9 Hillside Avenue Vernon Conn
06066

Self

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Early entrance record to school on file for given names.

Then personally appeared before me the person whose signature appear above and made oath
 that the statements subscribed to by.....her.....are true.

Date, Mar 17 1972.....

Name Frederick E. Mallcher.....

Official designation N. P......
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

JEANETTE FINN

6/25/1926


MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

50m (d)-1-41-4695

See reverse side for affidavit.

1 PLACE OF BIRTH Middlesex (County) Marlboro, Mass. (City or Town)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS	 (City or Town making this return)	
AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH				Registered No. Deposition No. #2			
NO.		STREET		WARD {		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD..... Jannette Virginia Finn							
3 Sex f	4 If plural Births	(a) Twin, triplet or other		5 Born ALIVE or STILLBORN	6 Date		
3a Color W		(b) Number, in order of birth.....		alive	of Birth. June 25, 1926 (Month) (Day) (Year)		
7 FATHER FULL NAME John V. Finn Jr.				13 MOTHER MAIDEN NAME Mary Winn PRESENT NAME Mary Finn			
8 RESIDENCE, NO. Brigham (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass.				14 RESIDENCE, NO. Brigham (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass.			
9 COLOR OR RACE white		10 AGE AT TIME OF BIRTH OR ADOPTION 29 (YEARS)		15 COLOR OR RACE white		16 AGE AT TIME OF BIRTH OR ADOPTION 30 (YEARS)	
11 PLACE OF BIRTH Cambridge, Mass. (City or Town) (State or Country)				17 PLACE OF BIRTH Providence, Rhode Island (City or Town) (State or Country)			
12 OCCUPATION Market Gardener (At time of birth or adoption)				18 OCCUPATION housewife (At time of birth or adoption)			
19 ATTENDANT AT BIRTH OR INFORMANT Dr. C. H. Merrill (Name) (Physician, parent or other, etc.) ADDRESS NO. 103 Mechanic ST. Marlborough, Mass. (City or Town)							
20 Original Return Received September 2, 1926 (Month) (Day) (Year)				21 Original Record: Vol. 4 Page 16 No. 24			
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the..... Town of Southborough (City or Town) (Name of City or Town) Chapter 46, Section 13, this 15th day of June 1944, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth. Marian F. M. [Signature] (Registrar)							

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Jeanette Virginia Finn in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE
(City or town, street and number, if any)

Relation to child, if any

John V. Finn Jr.

Brigham Street, Southboro

Father

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Baptismal Certificate

Date, June 15, 1944

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Name

Eleonora F. Burke

Official designation Assistant Clerk
(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

Certificate of Baptism



Church of

..... St Anne
..... Southboro, Mass

This is to Certify

That..... Janette Finn

Child of..... John Finn

and..... Mary Winn

Born in Southboro on the

..... 25th day of..... June 1926 was Baptized

on the 18th day of July 1926

According to the Rite of the Roman Catholic Church

by the Rev..... F. J. Maxwell

the Sponsors being..... Frank Spring

and..... Mary Spring

As appears from the Baptismal Register of this Church.

Dated..... June 15 1944

..... W. R. Brophy Pastor

WILLIAM MINNUCCI
8/22/1926

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

See reverse side for affidavit.

50m (d)-1-41-4695

<p>1 PLACE OF BIRTH Worcester (County) Framville (City or Town)</p>		<p>The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS</p>		<p>South Weymouth (City or Town making this return)</p>	
<p>2 FULL NAME OF CHILD William Minnucci</p>		<p>3 Sex Male</p>		<p>4 If plural Births (a) Twin, triplet or other (b) Number, in order of birth</p>	
<p>5 Born ALIVE or STILLBORN Alive</p>		<p>6 Date of Birth Aug. 22 1926 (Month) (Day) (Year)</p>		<p>7 FATHER FULL NAME James Minnucci RESIDENCE, NO. 10 Grove STREET (At time of birth or adoption) CITY OR TOWN Framville STATE Mass</p>	
<p>8 MOTHER MAIDEN NAME Antonetta Giore PRESENT NAME Antonetta Minnucci RESIDENCE, NO. 10 Grove STREET (At time of birth or adoption) CITY OR TOWN Framville STATE Mass</p>		<p>9 COLOR OR RACE White</p>		<p>10 AGE AT TIME OF BIRTH OR ADOPTION 45 (YEARS)</p>	
<p>11 PLACE OF BIRTH Chieti (City or Town) Italy (State or Country)</p>		<p>12 OCCUPATION Laborer (At time of birth or adoption)</p>		<p>13 PLACE OF BIRTH Chieti (City or Town) Italy (State or Country)</p>	
<p>14 OCCUPATION Housewife (At time of birth or adoption)</p>		<p>15 ATTENDANT AT BIRTH OR INFORMANT Dr. Merrill (Name) ADDRESS NO. Mechanic ST. Marshall (City or Town)</p>		<p>16 Original Return Received Aug. 24 1926 (Month) (Day) (Year)</p>	
<p>17 Original Record: Vol. 4 Page 16 No. 30</p>		<p>18 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the (City or Town) of (Name of City or Town)</p>		<p>19 Chapter 46, Section 13, this day of 19, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.</p>	
<p>(Registrar)</p>					

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Minnie in the Town of Southborough does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate on the other side of this blank.
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
(Him or her)

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
<u>Antoinetta Mennucci</u>		<u>Mother</u>

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Baptismal Record
Date, Feb. 10, 1944

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name Margaret T. McDonald
Official designation Notary Public
(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

ARGIN RESERVED FOR BINDING

Certificate of Baptism



St. Ann's Church

466 Lincoln Street

Marlboro, Mass.

— This is to Certify —

That William Mennucci
Child of Gyuzio
and Antonetta Gione
born in Marlboro - Mass.

on the 22. day of August 19 26
was **Baptized**

on the 26 day of June 19 27

According to the Rite of the Roman Catholic Church
by the Rev. A. Scapigliati

the Sponsors being { Luigi Bobackhi
Giustina Bobackhi

as appears from the Baptismal Register of this Church.

Dated Febr. 8. 1946

Rev. Felix Mancini
Pastor

LIDIA TEBALDI

8/24/1927

(City or Town making this return)

PLACE OF BIRTH

Worcester

(County)

Southborough

(City or Town)



DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION
OF A RECORD OF BIRTH

Registered No. 17

Deposition No. 17

No. STREET (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

Lidia Anne Tebaldi

LIDIA ANNE TEBALDI

3 Sex

4

(a) Twin, triplet or other

5 Total number of children born

6 Date

3a Color

If plural Births

(b) Number, in order of birth

alive previous to this birth

of Birth

(Month) (Day) (Year)

7

FULL
NAME

FATHER

Gerazio Tebaldi

13

MAIDEN

NAME

MOTHER

PRESENT

NAME

Augusta Secandini

Augusta Tebaldi

8

RESIDENCE, NO. STREET

CITY OR TOWN

Southborough

STATE

Mass.

14

RESIDENCE, NO. STREET

CITY OR TOWN

Southborough

STATE

Mass.

9

COLOR
OR RACE

White

10

AGE 32 (YEARS)

15

COLOR
OR RACE

White

16

AGE 29 (YEARS)

11

PLACE
OF BIRTH

(City or Town)

(State or Country)

Boscon

Italy

17

PLACE
OF BIRTH

(City or Town)

(State or Country)

Boscon

Italy

12

OCCUPATION

Laborer

18

OCCUPATION

None

19 ATTENDANT AT BIRTH OR INFORMANT

(Name)

(Physician, parent or other, etc.)

ADDRESS NO.

ST.,

(City or Town)

20 Original Return Received

(Month)

(Day)

(Year)

21 Original Record: Vol.

Page

No.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the

(City or Town)

(Name of City or Town)

Chapter 46, Section 13, this day of and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

Paul J. Berry

(Clerk or Registrar)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts

County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of

Lydia Tibaldi in the Town of Southborough
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)

does not fully and correctly state First, Middle & Last name. Also, Father's
last name is incorrect.

Item(s) 2 & 7, and that the true statement of facts omitted or incorrectly stated in
said record has been supplied by her on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

RESIDENCE

(City or town, street and number, if any)

Relation to child, if any

<u>✓ Augusta Tebaldi</u>	<u>85 Marlboro Rd Southboro</u>	<u>Mother</u>
<u>✓ Terensio Tebaldi</u>	<u>85 Marlboro Rd Southboro</u>	<u>Father</u>

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Full name on Baptisml Certificate is Lidia Anne
Tebaldi.

Copy of Notarized "Translator's Statement" of the
Marriage Certificate of Terensio Tebaldi and Augusta
Pacondini, parents of Lidia Anne Tebaldi are on file in
this office.

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by them are true.

Date, August 7, 1978

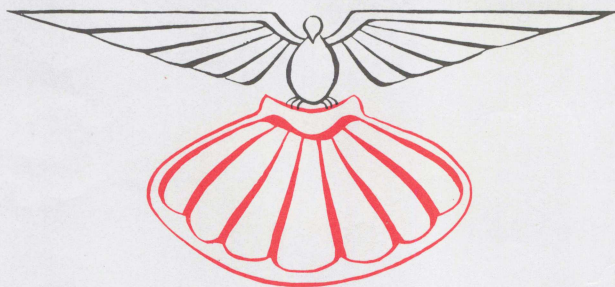
Name Paul J. Berry

Official designation town clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.



Baptismal Certificate

_____ *Lidia Anne Tebaldi* _____
child of *Terenzio Tebaldi* and _____
_____ *Augusta Facondini* _____
born on *Aug. 14, 1927* _____
place _____

was reborn of water and the Holy Spirit as a
child of God at the Sacred font of Baptism

on *Nov. 13, 1927* _____ in

St. Anne's Church

20 Boston Rd.

Southboro, Mass. 01772

by the Reverend *Henry Mc Cann* _____

Godfather *Antonio Bartolini* _____

Godmother *Maria Bartolini* _____

issued by *Philip Santonouch* date *March 6, 1978*

Notations

FIRST COMMUNION

DATE _____

CHURCH _____

PLACE _____

CONFIRMATION

DATE _____

CHURCH _____

PLACE _____

MARRIAGE(S)

To _____

DATE _____

CHURCH _____

PLACE _____

Robert Niley
Aug. 18, 1956
St. Anne
Southboro, Mass

SUBDIACONATE

DATE _____

CHURCH _____

PLACE _____

RELIGIOUS
PROFESSION

DATE _____

Order _____

PLACE _____



Going therefore, teach ye all nations; baptizing
them in the name of the Father, and of the
Son, and of the Holy Ghost.

Matt. 28-19

The Holy Sacrament of Baptism

This is to Certify

That LIDIA ANNA TEBALDI
The Son } of TERRENTIO TEBALDI
The Daughter }
and AUGUSTA FACUNDINI

born in SOUTHBORO on AUG. 14 1927
CITY

was Baptized on NOV. 13 1927 in the Church of
ST. ANNE, SOUTHBORO
CITY

according to the Rite of the Roman Catholic Church

by Rev. HENRY J. McCANN

Sponsors were ANTONIO BARTOLINI

and MARIA BARTOLINI

as recorded in the Baptismal Register of this church.



SEAL OF CHURCH

Rev. Patrick E. Long Pastor
(per) Rev. John F. Gee
Date MAY 7, 1955

Symbol—The fishes, or souls of the faithful, seek Baptism at
font, then enter basket, or Church.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

50m-(b)-3-43-11574

See reverse side for affidavit.

1 { PLACE OF BIRTH
Worcester
 (County)
Southborough
 (City or Town)



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

**AFFIDAVIT AND CORRECTION
 OF A RECORD OF BIRTH**

Southborough

(City or Town making this return)

Registered No.

Deposition No.

NO. STREET. WARD { (If birth occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME OF CHILD

3 Sex	4 { If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth
3a Color	(b) Number, in order of birth			(Month) (Day) (Year)

7 FATHER FULL NAME	13 MOTHER MAIDEN NAME PRESENT NAME
8 RESIDENCE, NO. STREET (At time of birth or adoption)	14 RESIDENCE, NO. STREET (At time of birth or adoption)
CITY OR TOWN STATE	CITY OR TOWN STATE
9 COLOR OR RACE	15 COLOR OR RACE
10 AGE AT TIME OF BIRTH OR ADOPTION (Years)	16 AGE AT TIME OF BIRTH OR ADOPTION (Years)
11 PLACE OF BIRTH (City or Town) (State or Country)	17 PLACE OF BIRTH (City or Town) (State or Country)
12 OCCUPATION (At time of birth or adoption)	18 OCCUPATION (At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT (Name) (Physician, parent or other, etc.)
 ADDRESS NO. ST., (City or Town)

20 Original Return Received (Month) (Day) (Year) 21 Original Record: Vol. Page No.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
 (City or Town) of (Name of City or Town), in accordance with the provisions of Gen. Laws,
 Chapter 46, Section 13, this day of 19, and a copy of these corrections and affidavit
 has been transmitted to the Secretary of the Commonwealth.

(Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of
..... in the of
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts
omitted or incorrectly stated in said record has been supplied by on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE

Relation to child, if any

(City or town, street and number, if any)

<i>Lidia Tebaldi</i>	<i>Marlboro Road</i>	<i>Southboro</i>
<i>Geremio Tebaldi</i>	<i>Marlboro Road</i>	<i>Southboro</i>
<i>Augusto Tebaldi</i>	<i>Marlboro Road</i>	<i>Southboro</i>

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was:

Record of Baptism

Date, **May 7, 1955**

Then personally appeared before me the person whose signature appear above and made
oath that the statements subscribed to by **Her** are true.

Name.....

Official designation.....
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

TRANSLATION of MARRIAGE CERTIFICATE
of
TERENZIO TEBALDI and AUGUSTA FACONDINI

(Seal)

TOWN OF PESARO

Civil Status

1 402670

Husband and Wife

TERENZIO TEBALDI
AUGUSTA FACONDINI

Marriage celebrated in Pesaro, on June 10, 1920
Act Number 163 Part I

Notice

This booklet is to be presented at the Office of Civil Status
every time declarations are to be made for the execution of legal
documents.

It must be carefully kept, being of much value in the request
for documents.

Husband:- TERENCE TEBALDI, son of the deceased Luigi and of
Zeffirina Pucci; occupation, Laborer

Wife:- AUGUSTA FACONDINI, daughter of Giovanni and of Maria
Carlioni; occupation, Peasant.

TOWN OF PESARO

Numbers 24-4118 / 27-5029

The Mayor
(Signed) Silvio Guccio

(Seal of the Town of Pesaro,
Office of Civil Status)

FAMILY SITUATION:

Surname and name: TEBALDI TERENCE: born; January 25, 1895
in Pesaro; Register Part I, Number 72: Family relation-
ship; Head of the Family.

Surname and name: FACONDINI AUGUSTA: born; October 28, 1897
in Pesaro; Register Part I, Number 55: Family relation-
ship; Wife.

TRANSLATOR'S STATEMENT

Suffolk SS
Commonwealth of Massachusetts

This is to certify that the above translation from Italian
into English of the Marriage Certificate of Terenzio Tebaldi and
Augusta Facondini is true and correct and conforms to the origin-
al herewith attached, to the best of my knowledge and ability.

Boston, Massachusetts, January 28, 1942.

TRANSLATION of MARRIAGE CERTIFICATE
of
TERENZIO TEBALDI and AUGUSTA FACONDINI

(Seal)

TOWN OF PESARO

Civil Status

1 402670

Husband and Wife

TERENZIO TEBALDI
AUGUSTA FACONDINI

Marriage celebrated in Pesaro, on June 10, 1920
Act Number 163 Part I

Notice

This booklet is to be presented at the Office of Civil Status every time declarations are to be made for the execution of legal documents.

It must be carefully kept, being of much value in the request for documents.

Husband:- TERENZIO TEBALDI, son of the deceased Luigi and of Zeffirina Pucci; occupation, Laborer

Wife:- AUGUSTA FACONDINI, daughter of Giovanni and of Maria Carloni; occupation, Peasant.

TOWN OF PESARO

Numbers 24-4118 / 27-5029

The Mayor
(Signed) Silvio Guccio

(Seal of the Town of Pesaro,
Office of Civil Status)

FAMILY SITUATION:

Surname and name. TEBALDI TERENZIO: born; January 25, 1895 in Pesaro; Register Part I, Number 72: Family relationship; Head of the Family.

Surname and name: FACONDINI AUGUSTA: born; October 28, 1897 in Pesaro; Register Part I, Number 55: Family relationship; Wife.

TRANSLATOR'S STATEMENT

Suffolk SS
Commonwealth of Massachusetts

This is to certify that the above translation from Italian into English of the Marriage Certificate of Terenzio Tebaldi and Augusta Facondini is true and correct and conforms to the original herewith attached, to the best of my knowledge and ability.

Boston, Massachusetts, January 28, 1942.

ROBERT NELSON

11/17/1927

Commonwealth of Massachusetts.

No. #1

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Robert P. Nelson in the town of Southborough, does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record:—

Date of birth, <u>November 17 - 1927</u>	Name of father, <u>Wallace Nelson</u>
Name of child, <u>Robert P. Nelson</u>	Maiden name of mother, <u>Reynolds</u>
Sex, <u>Male</u>	Residence of parents, <u>Southborough</u> (at time the birth occurred.)
Color, <u>White</u>	Occupation of father, <u>Cabinet Maker</u> (at time the birth occurred.)
Condition (twin, &c.),	Birthplace of father, <u>Lynn Mass</u>
Place of birth, <u>Southborough</u>	Birthplace of mother, <u>Wren (Dorset)</u>

SIGNATURE.

Frederic P. Nelson,

RESIDENCE.

(City or town, street and number, if any.)

Southborough

Relation to child, if any.

Mother

Date, Aug 9 - 1933

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Chas. L. Fairbanks Clerk.
(City or town.)

Recorded Aug 9 - 33

Of Southborough Mass.

FRANCES MADELLA

9/30/1927

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

25M-5-70-046941

1 PLACE OF BIRTH
Worcester
 (County)
Southborough
 (City or Town)



The Commonwealth of Massachusetts
 JOHN F. X. DAVOREN
 SECRETARY OF THE COMMONWEALTH

Southborough

(City or Town making this return)

DIVISION OF VITAL STATISTICS

**AFFIDAVIT AND CORRECTION
 OF A RECORD OF BIRTH**

Registered No. #22

Deposition No. #3

No. STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD **Francis Madelle**

3 Sex **M** 4 (a) Twin, triplet or other 5 Total number of children born 6 Date
 3a Color **W** If plural Births (b) Number, in order of birth alive previous to this birth of Birth **September 23, 1927**
 (Month) (Day) (Year)

7 FATHER FULL NAME **Frank Madelle** 13 MAIDEN NAME **Gilda Desormier**
 PRESENT NAME **Gilda Madelle**

8 RESIDENCE, NO. STREET 14 RESIDENCE, NO. STREET
 CITY OR TOWN **Southborough** STATE **Mass.** CITY OR TOWN **Southborough** STATE **Mass.**

9 COLOR OR RACE 10 AGE **31** (YEARS) 15 COLOR OR RACE 16 AGE **29** (YEARS)

11 PLACE OF BIRTH **Swanton** **Vt.** 17 PLACE OF BIRTH **Montreal** **Canada**
 (City or Town) (State or Country) (City or Town) (State or Country)

12 OCCUPATION **Rubber Worker** 18 OCCUPATION **Housewife**

19 ATTENDANT AT BIRTH OR INFORMANT **G.S. Thompson**
 (Name) (Physician, parent or other, etc.)

ADDRESS NO. ST. **Hopkinton, Mass.**
 (City or Town)

20 Original Return Received **September 25, 1927** 21 Original Record: Vol. **1919-1960** Page **17** No. **#22**
 (Month) (Day) (Year)

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
Town of **Southborough**
 (City or Town) (Name of City or Town)

Chapter 46, Section 13, this **29th** day of **November**, 19**27**, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

Tail (Registrar)

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts

County of Worcester

} ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of
(Cannot be learned) Madelle in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)
does not fully and correctly state first name

Item(s) (2) and that the true statement of facts omitted or incorrectly stated in
said record has been supplied by Him on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

RESIDENCE

Relation to child, if any

(City or town, street and number, if any)

✓ Francis & Madelle

53 Chestnut St., Spencer

✓ Self

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was:

Baptismal Certificate on file showing correct name.

Then personally appeared before me the person whose signature appear above and made oath
that the statements subscribed to by him are true.

Date, November 29, 1977

Name

Paul J. Berry

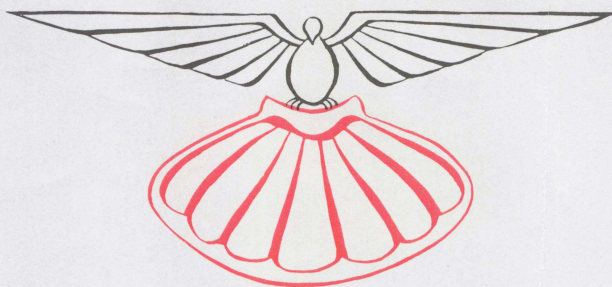
Official designation

Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.



Baptismal Certificate

Francis Madelle ~~1927~~ Jr.

child of Gilda (Desormier) and

Francis Madelle

born on September 23, 1927

place Cordaville, Ma.

was reborn of water and the Holy Spirit as a
child of God at the Sacred font of Baptism

on October 23, 1927 in

St. Anne's Church

20 Boston Rd.

Southboro, Mass. 01772

by the Reverend F. J. Maxwell

Godfather James Hunt

Godmother Teresa Hunt

issued by A. F. Cummings date 11/22/77

To whom it may concern

I'm enclosing a check
for \$2.00 and a baptismal statement
for a copy of Francis ~~Madelle's~~ ^{Madelle's}
birth record. I called about this
matter last week but was unable
to make it to Southboro.

Thank You
Patricia Madelle
P.O. 172
Spencer, Mass 01562

Mailed 1-L-B. 12/30/77.

Money order \$2.00



OFFICE OF THE
TOWN CLERK
SOUTHBOROUGH, MASSACHUSETTS 01772
485-2934

HOURS
MON. THRU FRI. 1:00 - 5:00
TUES. EVE. 7:30 - 8:30

November 29, 1977

Patricia Madelle
P.O. 172
Spencer, Ma. 01562

Dear Mrs. Madelle:

Enclosed are (2) "Affidavit's and Correction
of a Record of Birth" for Francis Madelle.

Please have Francis Madelle sign BOTH Deposition's
on the back (only), where it is checked, and return
BOTH Deposition's signed to this office, so we may
process them.

Thank you.

Yours truly,

Paul J. Berry

Paul J. Berry
Town Clerk

PJB/ccm
encl's

*P.S. you can have his Mother or Father
sign them if you wish.*

ANNA CICOLONI

7/20/1927

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK
TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

PLACE OF BIRTH
WORCESTER
(County)
SOUTHBOROUGH
(City or Town)
No. Cherry



The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF
VITAL RECORDS AND STATISTICS
AFFIDAVIT AND CORRECTION
OF A RECORD OF BIRTH

SOUTHBOROUGH
(City or Town making this return)

Registered No. #14

Deposition No. #05

STREET {If birth occurred in a hospital or institution,
give its NAME instead of street and number}

2 FULL NAME OF CHILD... ANNA ANGELINE CICOLINI

3 Sex <u>F</u>	4 { (a) Twin, triplet or other..... (b) Number, in order of birth.....	5 Total number of children born alive previous to this birth.....	6 Date of Birth <u>July 20, 1927</u> (Month) (Day) (Year)
3a Color <u>W</u>			

7 FATHER FULL NAME <u>Andrew Cicolini</u>		13 MOTHER MAIDEN NAME <u>Augusta Pedinotti</u> PRESENT NAME <u>Augusta Cicolini</u>	
8 RESIDENCE, NO. <u>Cherry</u> CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>		14 RESIDENCE, NO. <u>Cherry</u> CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>	
9 COLOR <u>White</u> OR RACE.....	10 <u>33</u> AGE.....(YEARS)	15 <u>White</u> COLOR OR RACE.....	16 <u>34</u> AGE.....(YEARS)
11 PLACE OF BIRTH <u>Italy</u> (City or Town) (State or Country)		17 PLACE OF BIRTH <u>Italy</u> (City or Town) (State or Country)	
12 OCCUPATION <u>Laborer</u>		18 OCCUPATION <u>Housewife</u>	

19 ATTENDANT AT BIRTH OR INFORMANT... Dr. R.S. Morse
(Name) (Physician, parent or other, etc.)
ADDRESS NO. ST., Hopkinton, Mass.
(City or Town)

20 Original Return Received July 27, 1927
(Month) (Day) (Year)

21 Original Record: Vol. 1919- Page #17 No. #14
1960

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
Town Southborough of Southborough, in accordance with the provisions of Gen. Laws,
(City or Town) (Name of City or Town)
Chapter 46, Section 13, this 24th day of April, 1927, and a copy of these corrections and affidavit
has been transmitted to the Commissioner of Public Health.

PAUL J. BERRY (Clerk or Registrar) TOWN CLERK

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts

County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Angelina Checolini in the Town of Southborough
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)
does not fully and correctly state First, Middle & last name, also Fathers last name,
and Mothers Present name.
Item(s) 2, 7 & 13. and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

RESIDENCE

Relation to child, if any

(City or town, street and number, if any)

Anna Angelina Pisotti 68 Milden Ave. Marlboro Self.
Mass.

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Copy of Baptismal record on file showing correct spellings.
Also, Brother's Birth Certificate. Enrico Cicolini who was born on June 4, 1923 is spelled the same, Cicolini.

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Date, April 24, 1989

Name Paul J. Berry
PAUL J. BERRY

Official designation Town Clerk
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

SOM (B) 5-46 18712

See reverse side for affidavit.

1

PLACE OF BIRTH

(County)

(City or Town)

NO. STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Anna Angeline Cicolini

3 Sex <u>F</u>	4 { (a) Twin, triplet or other _____ (b) Number, in order of birth _____	5 Born <u>ALIVE</u> or <u>STILLBORN</u>	6 Date of Birth <u>July</u> <u>20</u> <u>1927</u> (Month) (Day) (Year)
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7 FATHER
FULL NAME Andrew Cicolini13 MOTHER
MAIDEN NAME Augusta Pedinotti
PRESENT NAME Augusta Cicolini8 RESIDENCE, NO. Cherry STREET
(At time of birth or adoption)
CITY OR TOWN Southborough STATE Mass14 RESIDENCE, NO. Cherry STREET
(At time of birth or adoption)
CITY OR TOWN Southborough STATE Mass.9 COLOR OR RACE White
10 AGE AT TIME OF BIRTH OR ADOPTION 33 (Years)15 COLOR OR RACE White
16 AGE AT TIME OF BIRTH OR ADOPTION 34 (Years)11 PLACE OF BIRTH Italy
(City or Town) (State or Country)17 PLACE OF BIRTH Italy
(City or Town) (State or Country)12 OCCUPATION Laborer
(At time of birth or adoption)18 OCCUPATION housewife
(At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT

Dr. R. S. Morse
(Name)

(Physician, parent or other, etc.)

ADDRESS NO. WapkintonST., Mass

(City or Town)

20 Original Return Received July 27 1927
(Month) (Day) (Year)21 Original Record: Vol. 1719-1960 Page 17 No. 1422 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
Town of Southborough, in accordance with the provisions of Gen. Laws,
(City or Town) (Name of City or Town)

Chapter 46, Section 13, this _____ day of _____, 19____, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

(Registrar)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
AFFIDAVIT AND CORRECTION
OF A RECORD OF BIRTH

(City or Town making this return)

Registered No. 14Deposition No. #05

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

See brother LAST
6/6/23

The Commonwealth of Massachusetts }
County of ^Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of
Angelina Checolini in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts
omitted or incorrectly stated in said record has been supplied by _____ on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE
(City or town, street and number, if any)

Relation to child, if any

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was:

Date, _____

Then personally appeared before me the person whose signature appear above and made oath
that the statements subscribed to by _____ are true.

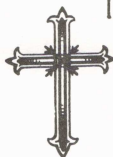
Name _____

Official designation _____
(City or town clerk, assistant clerk or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Certificate of Baptism



Church of

St. Anne
Southboro, Ma.

— This is to Certify —

That Anna Angelina Cicolini
Child of Andrew Cicolini
and Augusta (Pedinotti) Cicolini
born in Layville Ma.
(CITY) (STATE)

on the 20th day of July 1927

was **Baptized**

on the 17th day of September 1927

According to the Rite of the Roman Catholic Church
by the Rev. L. J. Maxwell

the Sponsors being { Eunice Cidelli
Aldo Cidelli

as appears from the Baptismal Register of this Church.

Dated April 19, 1929

Rev. John Paul Lorraine
A.C. Pastor

EDWARD BRIDGES

12/3/1927

Date of Birth Dec. 3, 1927

No. 11

1-09-1928

DEPOSITION.

#2

Correcting record relative to birth

The undersigned on oath depose and say that the record relating to the birth of Edward Groves Bridges does not correctly state the name of the birth-place of the mother and that entry should be amended to read as follows:

Birth-place of Mother,

Robury, Boston
Hilma L. Bridges ^{Mass.}

Then personally appeared before me the person whose signature appears above and made oath that the statement subscribed by him is true.

C. L. Santel
Town Clerk,

WILMA TEBALDI

3/11/1929

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

50m-(b)-3-43-11574

See reverse side for affidavit.

1 PLACE OF BIRTH
 {
Worcester
 (County)
Southboro
 (City or Town)



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION
 OF A RECORD OF BIRTH

(City or Town making this return)

Registered No.

Deposition No. #1

NO. Marlboro Road STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME OF CHILD Vilma Louise Sebaldi

3 Sex F 4 { (a) Twin, triplet or other 5 Born ALIVE or STILLBORN Alive 6 Date March 11 1929
 3a Color W If plural Births { (b) Number, in order of birth of Birth (Month) (Day) (Year)

7 FATHER FULL NAME Sterenzio Sebaldi 13 MOTHER MAIDEN NAME Augusta Facondini
 PRESENT NAME Augusta Sebaldi

8 RESIDENCE, NO. Marlboro Road STREET (At time of birth or adoption) 14 RESIDENCE, NO. Marlboro Road STREET (At time of birth or adoption)
 CITY OR TOWN Southboro STATE Mass. CITY OR TOWN Southboro STATE Mass.

9 COLOR OR RACE White 10 AGE AT TIME OF BIRTH OR ADOPTION 34 (Years) 15 COLOR OR RACE White 16 AGE AT TIME OF BIRTH OR ADOPTION 32 (Years)

11 PLACE OF BIRTH Pesaro Italy (City or Town) (State or Country) 17 PLACE OF BIRTH Pesaro Italy (City or Town) (State or Country)

12 OCCUPATION Laborer (At time of birth or adoption) 18 OCCUPATION Housewife (At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT Dr. Merrill (Name) (Physician, parent or other, etc.)
 ADDRESS NO. Mechanic St. ST. Marlboro (City or Town)

20 Original Return Received March 15 1929 (Month) (Day) (Year) 21 Original Record: Vol. 4 Page 21 No. 4

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
Town of Southboro (City or Town) (Name of City or Town), in accordance with the provisions of Gen. Laws,

Chapter 46, Section 13, this _____ day of _____ 19_____, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

(Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Valma Lucia Tebaldi in the Town of Suttonburg,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE

(City or town, street and number, if any)

Relation to child, if any

Gerenzio Tebaldi Suttonburg father

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Baptismal Record

Date, Aug 2, 1945

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Name Marjorie F. McDonald

Official designation Town Clerk
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

CELIO MINUCCI

4/11/1930

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

See reverse side for affidavit.

50m (d)-1-41-4695



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION
OF A RECORD OF BIRTH

Southboro

(City or Town making this return)

Registered No.

Deposition No. *#1*

1

PLACE OF BIRTH

Worcester
(County)
Gayville
(City or Town)

NO. *10 Grove*

STREET

WARD

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

Celio Minucci

3 Sex

3a Color

4

If plural Births

(a) Twin, triplet or other

(b) Number, in order of birth

5 Born ALIVE or STILLBORN

alive

6 Date

of Birth

(Month)

(Day)

(Year)

4 / 11 / 1930

7

FULL NAME

FATHER

James Minucci

13

MAIDEN NAME

MOTHER

Antonetta Gione

PRESENT NAME

Antonetta Minucci

8

RESIDENCE, NO. *10 Grove* STREET

(At time of birth or adoption)

CITY OR TOWN

Gayville

STATE

Mass

14

RESIDENCE, NO. *10 Grove* STREET

(At time of birth or adoption)

CITY OR TOWN

Gayville

STATE

Mass

9

COLOR OR RACE

White

10 AGE AT TIME OF BIRTH OR ADOPTION

48 (YEARS)

15

COLOR OR RACE

White

16 AGE AT TIME OF BIRTH OR ADOPTION

34 (YEARS)

11

PLACE OF BIRTH

Cheiti
(City or Town)

Italy
(State or Country)

17

PLACE OF BIRTH

Cheiti
(City or Town)

Italy
(State or Country)

12

OCCUPATION

Laborer
(At time of birth or adoption)

18

OCCUPATION

House wife
(At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT

Dr. Delaney
(Name)

(Physician, parent or other, etc.)

ADDRESS NO.

Main

ST.

Madison
(City or Town)

(City or Town)

20 Original Return Received

April
(Month)

18
(Day)

1930
(Year)

21 Original Record: Vol.

4

Page

22

No.

8

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the

(City or Town)

of

(Name of City or Town)

in accordance with the provisions of Gen. Laws,

Chapter 46, Section 13, this day of 19....., and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

(Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of
.....in the Town of Dorchester
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts
omitted or incorrectly stated in said record has been supplied by her on the form of certificate
on the other side of this blank. (Him or her)

SIGNATURE

RESIDENCE

(City or town, street and number, if any)

Relation to child, if any

Antonietta Menzucci

Mother

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was:

Baptismal Record

Date, Feb. 10, 1944

Then personally appeared before me the person whose signature appear above and made
oath that the statements subscribed to by her are true.

Name Margaret T. McNamee

Official designation Nat. Public

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.